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FEC

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3 For An Authorized Committee					Office Use Only				
NAME OF COMMITTEE (in full)	TYPE OR PRIN		xample: If typing, type ver the lines.	12FE4M5	FE4M5				
SHEILA CHERFILUS	S MCCORMIC	CK FOR CON	GRESS, INC						
<u> </u>									
ADDRESS (number and street)	1 M STREET	SE							
▼ Check if different	SUITE 275								
than previously reported. (ACC)	WASHINGTO	)N		DC 200	003				
2. <b>FEC IDENTIFICATION</b>	NUMBER ▼	CITY ▲		STATE ▲	ZIP CODE ▲				
C C00677492		3. IS THIS REPORT	× NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT				
4. TYPE OF REPORT (	Choose One)	(b) 10 D DD							
(a) Quarterly Reports:		(b) 12-Day <b>PRI</b>	E-Election Report for th		П - «и				
April 15 Quarterl	ly Report (Q1)		Primary (12P)	General (12G)	Runoff (12R)				
X July 15 Quarterly	y Report (Q2)	Ш	Convention (12C)	Special (12S)					
October 15 Qua	rterly Report (Q3)	Election or	M M / D D	/ Y Y Y Y	in the State of				
January 31 Year	-End Report (YE)	(c) 30-Day <b>PO</b>	ST-Election Report for t	he:					
			General (30G)	Runoff (30R)	Special (30S)				
Termination Repo	ort (TER)	Election or	M M M / D D	/ Y " Y " Y	in the State of				
5. Covering Period	04 / 01	/ Y Y Y Y Y 2025	through	06 / D D / Y	Y Y Y 2025				
I certify that I have examined	Broz Panda		nowledge and belief it	is true, correct and co	omplete.				
Type or Print Name of Treasu	urer	, , ,							
Signature of Treasurer	Broz, Randall, , ,			Date 07	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
NOTE: Submission of false, erro	oneous, or incompl	ete information may	subject the person signi	ng this Report to the p	penalties of 52 U.S.C. §30109				
Office Use Only					FEC FORM 3 (Revised 05/2016)				

#### **SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

#### SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

<sup>M</sup>06 2025 04 2025 30 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 141755.26 158182.88 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 141755.26 158182.88 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 26972.61 54854.54 (from Line 17) ..... (b) Total Offsets to Operating 1416.01 586.49 Expenditures (from Line 14)..... (c) Net Operating Expenditures 53438.53 26386.12 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 113506.37 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 4327382.27 Schedule C and/or Schedule D).....

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

04 06 30 01 2025 2025 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 105050.00 105800.00 (i) Itemized (use Schedule A)..... 1205.26 1382.88 (ii) Unitemized ..... (iii) TOTAL of contributions 106255.26 107182.88 from individuals ..... 0.00 0.00 Political Party Committees..... Other Political Committees 35500.00 51000.00 (such as PACs)..... 0.00 0.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 141755.26 158182.88 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES ..... 13. LOANS: (a) Made or Guaranteed by the 0.00 1254.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 1254.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 586.49 1416.01 (Refunds, Rebates, etc.) ..... 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 142341.75 160852.89 (Carry Total to Line 24, page 4).....

#### **DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 05/2016)

of Disbursements

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date			
17.	OPERATING EXPENDITURES	26972.61	54854.54			
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00			
19.	LOAN REPAYMENTS:					
	(a) Of Loans Made or Guaranteed by the Candidate	5800.00	34300.00			
	(b) Of All Other Loans	0.00	0.00			
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	5800.00	34300.00			
20.	REFUNDS OF CONTRIBUTIONS TO:					
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00			
	(b) Political Party Committees	0.00	0.00			
	(b) Political Party Committees(c) Other Political Committees	200	7 7 7			
	(such as PACs)	0.00	0.00			
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00			
1.	OTHER DISBURSEMENTS	0.00	2900.00			
2.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	32772.61	92054.54			
	III. CASH SU	JMMARY				
3.	CASH ON HAND AT BEGINNING OF REPO	3937.23				
4	TOTAL RECEIPTS THIS PERIOD (from Line	142341.75				
5.	SUBTOTAL (add Line 23 and Line 24)		146278.98			
6.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	32772.61			
7.	CASH ON HAND AT CLOSE OF REPORTIN	G PERIOD	113506.37			

PAGE 5 OF FOR LINE NUMBER: Use separate schedule(s) (check only one) X 11a 11b 11d 11c

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for each category of the ITEMIZED RECEIPTS Detailed Summary Page 13a 13b 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 Full Name (Last, First, Middle Initial) Adler, Matthew, , , Date of Receipt Mailing Address 2932 Prairie Ave 2025 30 City State Zip Code Transaction ID: SA11AI.13210 FL 33140 Miami Beach FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 500.00 Name of Employer Occupation Adler Real Estate Partners Founder and Managing Principal Memo Item Receipt For: 2026 Election Cycle-to-Date Earmarked Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Anglaide, Moise, W.,, Date of Receipt Mailing Address 9785 Hindel Ct 2025 06 12 City State Zip Code Transaction ID: SA11AI.13052 **Boynton Beach** FL 33472 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2900.00 Name of Employer Occupation HCA Florida Healthcare Physician Memo Item Receipt For: 2022 Election Cycle-to-Date **Debt Retirement** Primary General 2900.00 Other (specify) Special-Primary Full Name (Last, First, Middle Initial) Anglaide, Moise, W.,, Date of Receipt Mailing Address 9785 Hindel Ct 06 12 2025 City State Zip Code Transaction ID: SA11AI.13053 FL **Boynton Beach** 33472 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2900.00 Name of Employer Occupation Physician HCA Florida Healthcare Memo Item Receipt For: 2022 Election Cycle-to-Date Primary General Debt Retirement 5800.00 Other (specify) Special-General 6300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

PAGE 6 OF 174 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 11a 11b 11d 11c Detailed Summary Page 13a 13b 14

ITEMIZED RECEIPTS 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) Anglaide, Moise, W.,, Date of Receipt Mailing Address 9785 Hindel Ct 2025 12 City State Zip Code Transaction ID: SA11AI.13054 FL 33472 Boynton Beach FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 3500.00 Name of Employer Occupation HCA Florida Healthcare Physician Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 9300.00 Other (specify) Full Name (Last, First, Middle Initial) Anglaide, Moise, W.,, Date of Receipt Mailing Address 9785 Hindel Ct 2025 06 12 City State Zip Code Transaction ID: SA11AI.13055 **Boynton Beach** FL 33472 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 3500.00 Name of Employer Occupation HCA Florida Healthcare Physician Memo Item Receipt For: 2026 Election Cycle-to-Date ✓ General Primary 12800.00 Other (specify) \(\nbbeq\) Full Name (Last, First, Middle Initial) Arison, Madeleine, , , Date of Receipt Mailing Address 2 Alhambra Plaza #1040 04 29 2025 City State Zip Code Transaction ID: SA11AI.13059 FL Coral Gables 33134 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 3500.00 Name of Employer Occupation Philanthropist Self Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 3500.00 Other (specify) 10500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

PAGE OF 174 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 11a 11b 11d 11c Detailed Summary Page 13a 13b 14

ITEMIZED RECEIPTS 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) Arison, Madeleine, , , Date of Receipt Mailing Address 2 Alhambra Plaza #1040 04 2025 29 City State Zip Code Transaction ID: SA11AI.13060 FL 33134 Coral Gables FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 1500.00 Name of Employer Occupation Self Philanthropist Memo Item Receipt For: 2026 Election Cycle-to-Date Primary X General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) Arison, Micky, , , Date of Receipt Mailing Address 2 Alhambra Plaza #1040 2025 04 29 City State Zip Code Transaction ID: SA11AI.13057 Coral Gables FL 33134 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 3500.00 Name of Employer Occupation Carnival Corporation Chairman of the Board Memo Item Receipt For: 2026 Election Cycle-to-Date > Primary General 3500.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) Arison, Micky, , , Date of Receipt Mailing Address 2 Alhambra Plaza #1040 04 29 2025 City State Zip Code Transaction ID: SA11AI.13058 FL Coral Gables 33134 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1500.00 Name of Employer Occupation Chairman of the Board **Carnival Corporation** Memo Item Receipt For: 2026 Election Cycle-to-Date X General Primary 5000.00 Other (specify) 6500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

PAGE 8 OF 174 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 11a 11b 11d 11c Detailed Summary Page

ITEMIZED RECEIPTS 13a 13b 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 Full Name (Last, First, Middle Initial) Berger, Barbara, , , Date of Receipt Mailing Address 225 W 83rd St Apt 23Z 05 2025 28 City State Zip Code Transaction ID: SA11AI.13118 NY 10024 New York FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 1500.00 Name of Employer Occupation None Retired Memo Item Receipt For: 2026 Election Cycle-to-Date Earmarked Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 2025 05 28 City State Zip Code Transaction ID: SA11AI.13118.0 WASHINGTON DC 20001 FEC ID number of contributing C C00797670 Amount of Each Receipt this Period federal political committee. 1500.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date | Primary General 12509.43 Other (specify) ▼ Full Name (Last, First, Middle Initial) Blatt, Kenneth, , , Date of Receipt Mailing Address 5840 NW 26th Court 06 30 2025 City State Zip Code Transaction ID: SA11AI.13206 FL Boca Raton 33496 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1500.00 Name of Employer Occupation **CPG Real Estate** Businessman Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General Earmarked 1500.00 Other (specify) 3000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

**PAGE** 9 OF 174 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 11a 11b 11d 11c Detailed Summary Page 13a 13b 14

ITEMIZED RECEIPTS 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) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 30 City State Zip Code Transaction ID: SA11AI.13206.0 DC 20001 WASHINGTON FEC ID number of contributing Amount of Each Receipt this Period C00797670 federal political committee. 1500.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 50519.43 Other (specify) Full Name (Last, First, Middle Initial) Brathwaite, Paul, , , Date of Receipt Mailing Address 1220 L Street, NW, Suite 100-401 2025 06 29 City State Zip Code Transaction ID: SA11AI.13277 Washington DC 20005 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Federal Street Strategies Chief Strategist Memo Item Receipt For: 2026 Election Cycle-to-Date Earmarked > Primary General 250.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) Caplow, Daniel, , , Date of Receipt Mailing Address 17064 Boca Club Blvd 2025 06 30 City State Zip Code Transaction ID: SA11AI.13202 FL Boca Raton 33487 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1500.00 Name of Employer Occupation Shutts & Bowen LLP Lawyer Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General Earmarked 1500.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS 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) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 2025 30 City State Zip Code Transaction ID: SA11AI.13202.0 DC 20001 WASHINGTON FEC ID number of contributing Amount of Each Receipt this Period C00797670 federal political committee. 1500.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 47519.43 Other (specify) Full Name (Last, First, Middle Initial) Chiche, Antoine, , , Date of Receipt Mailing Address 2600 Island Blvd 2025 06 04 City State Zip Code Transaction ID: SA11AI.13137 Aventura FL 33160 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1500.00 Name of Employer Occupation Sixgate Investor Memo Item Receipt For: 2026 Election Cycle-to-Date Earmarked | Primary General 1500.00 Other (specify) \(\nbbeq\) Full Name (Last, First, Middle Initial) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 06 04 2025 City State Zip Code Transaction ID: SA11AI.13137.0 DC WASHINGTON 20001 FEC ID number of contributing C C00797670 Amount of Each Receipt this Period federal political committee. 1500.00 Occupation Name of Employer Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 20519 43 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS 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) Citron, Rebecca, , , Date of Receipt Mailing Address 200 E 57th St 2025 04 City State Zip Code Transaction ID: SA11AI.13139 NY 10022 New York FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 1000.00 Name of Employer Occupation None Retired Memo Item Receipt For: 2026 Election Cycle-to-Date Earmarked Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 2025 06 04 City State Zip Code Transaction ID: SA11AI.13139.0 WASHINGTON DC 20001 FEC ID number of contributing C C00797670 Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date | Primary General 19019.43 Other (specify) ▼ Full Name (Last, First, Middle Initial) Cohen, Valerie, , , Date of Receipt Mailing Address 84 Christie Hill Rd 2025 06 04 City State Zip Code Transaction ID: SA11AI.13141 CT Darien 06820 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1500.00 Name of Employer Occupation Not Employed None Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General Earmarked 1500.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS 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) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 2025 04 City State Zip Code Transaction ID: SA11AI.13141.0 DC 20001 WASHINGTON FEC ID number of contributing Amount of Each Receipt this Period C00797670 federal political committee. 1500.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 23019.43 Other (specify) Full Name (Last, First, Middle Initial) Cooper, Marc, , , Date of Receipt Mailing Address 944 SE Atlantic Drive 2025 06 City State Zip Code Transaction ID: SA11AI.13163 Lantana NJ 33462 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1500.00 Name of Employer Occupation Solomon Partners Banking Memo Item Receipt For: 2026 Election Cycle-to-Date Earmarked > Primary General 1500.00 Other (specify) \(\nbbeq\) Full Name (Last, First, Middle Initial) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 06 11 2025 City State Zip Code Transaction ID: SA11AI.13163.0 DC WASHINGTON 20001 FEC ID number of contributing C C00797670 Amount of Each Receipt this Period federal political committee. 1500.00 Occupation Name of Employer Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 37019 43 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS 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) Elumalai, Sathya, , , Date of Receipt Mailing Address 1900 Thames St 2025 24 City State Zip Code Transaction ID: SA11AI.13246 MD 21218 **Baltimore** FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 2500.00 Name of Employer Occupation Aidar CEO Memo Item Receipt For: 2026 Election Cycle-to-Date Earmarked Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) Elumalai, Sathya, , , Date of Receipt Mailing Address 1900 Thames St 2025 05 24 City State Zip Code Transaction ID: SA11AI.13251 **Baltimore** MD 21218 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2500.00 Name of Employer Occupation Aidar CEO Memo Item Receipt For: 2026 Election Cycle-to-Date | Primary Earmarked General 5000.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) Frankel, Erin, , , Date of Receipt Mailing Address 101 Central Park West 2025 3G 05 28 City State Zip Code Transaction ID: SA11AI.13114 NY New York 10023 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation Not Employed None Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General Earmarked 1000.00 Other (specify) 6000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS 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) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 2025 28 City State Zip Code Transaction ID: SA11AI.13114.0 DC 20001 WASHINGTON FEC ID number of contributing Amount of Each Receipt this Period C00797670 federal political committee. 1000.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 9509.43 Other (specify) Full Name (Last, First, Middle Initial) Friedman, Avi,,, Date of Receipt Mailing Address 15 W 72nd St 2025 06 City State Zip Code Transaction ID: SA11AI.13168 New York NY 10023 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 3500.00 Name of Employer Occupation None Retired Memo Item Receipt For: 2026 Election Cycle-to-Date Earmarked | Primary General 3500.00 Other (specify) \(\nbbeq\) Full Name (Last, First, Middle Initial) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 06 11 2025 City State Zip Code Transaction ID: SA11AI.13168.0 DC WASHINGTON 20001 FEC ID number of contributing C C00797670 Amount of Each Receipt this Period federal political committee. 3500.00 Occupation Name of Employer Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 40519 43 Other (specify) 3500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS 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) Genet, Lawrence, , , Date of Receipt Mailing Address 3312 Hollywood Oaks Drive 2025 30 City State Zip Code Transaction ID: SA11AI.13204 FL 33312 Hollywood FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 1500.00 Name of Employer Occupation **CBRE** Real Estate Memo Item Receipt For: 2026 Election Cycle-to-Date Earmarked Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 2025 06 30 City State Zip Code Transaction ID: SA11AI.13204.0 WASHINGTON DC 20001 FEC ID number of contributing C C00797670 Amount of Each Receipt this Period federal political committee. 1500.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date | Primary General 49019.43 Other (specify) ▼ Full Name (Last, First, Middle Initial) Gould, Jay, , , Date of Receipt Mailing Address 7485 Victory Lane Unit 8606 05 28 2025 City State Zip Code Transaction ID: SA11AI.13112 FL **Delray Beach** 33446 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation Consultant Majestic Properties Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General Earmarked 1000.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

ma	ge# 202507159763446052			
SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 OF 174 (check only one)  X 11a 11b 11c 11d 11d 12 13a 13b 14 15
	ly information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORM	ICK FOF	R CONGRESS, INC	
Α.	Full Name (Last, First, Middle Initial)  AMERICAN ISRAEL PUBLIC AFFAIRS COM  Mailing Address 251 H ST NW	IMITTEE PO	DLITICAL ACTION COMMITTEE	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City WASHINGTON	State DC	Zip Code 20001	Transaction ID : SA11AI.13112.0
	FEC ID number of contributing federal political committee.	C coo	0797670	Amount of Each Receipt this Period
	Name of Employer	Occupation	1	1000.00
Receipt For: 2026 Election Cy  Primary General  Other (specify) ▼		ycle-to-Date ▼ 8509.43	× Memo Item	

	Full Name (Last, First, Middle Initial)  AMERICAN ISRAEL PUBLIC AFFAIRS COMP						
۹.	Mailing Address 251 H ST NW	Date of Receipt    M					
	City	State	Zip Code	Transaction ID : SA11AI.13112.0			
	WASHINGTON	DC	20001	Transaction ID . SATTAL.13112.0			
	FEC ID number of contributing federal political committee.	C C0079	7670	Amount of Each Receipt this Period			
	Name of Employer	Occupation		1000.00			
	Receipt For: 2026	Election Cycle	-to-Date	× Memo Item			
	Primary General Other (specify) ▼	Licetion Gydie	8509.43				
	Full Name (Last, First, Middle Initial) Gray, William, , ,	Date of Receipt					
3.	Mailing Address 11641 SW 3rd St	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City Plantation	State FL	Zip Code 33325	Transaction ID : SA11AI.13143			
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period			
	Name of Employer	1500.00					
	76Undefeated	Manager		Manual Ram			
	Receipt For: 2026	Election Cycle-to-Date		Memo Item			
	Primary General Other (specify) ▼	7	1500.00	Earmarked			
_	Full Name (Last, First, Middle Initial)  AMERICAN ISRAEL PUBLIC AFFAIRS COM	Date of Receipt					
J.	Mailing Address 251 H ST NW	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State	Zip Code	Transaction ID : SA11AI.13143.0			
	WASHINGTON	DC	20001				
	FEC ID number of contributing federal political committee.	C C0079	7670	Amount of Each Receipt this Period			
	Name of Employer	1500.00					
	Receipt For: 2026  Primary  Other (specify)   Other	Election Cycle	-to-Date ▼ 33019.43	× Memo Item			
s	UBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	1500.00			
	OTAL This Period (last nage this line number on		•				

PAGE 17 OF 174 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 11a 11b 11d 11c Detailed Summary Page 13a 13b 14

ITEMIZED RECEIPTS 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) Haber, James, , , Date of Receipt Mailing Address 252 E 78th St 05 2025 28 City State Zip Code Transaction ID: SA11AI.13105 NY 10075 New York FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 2000.00 Name of Employer Occupation Self Entrepreneur Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 2025 05 28 City State Zip Code Transaction ID: SA11AI.13105.0 WASHINGTON DC 20001 FEC ID number of contributing C C00797670 Amount of Each Receipt this Period federal political committee. 2000.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date | Primary General 6009.43 Other (specify) ▼ Full Name (Last, First, Middle Initial) Hon, Oren, , , Date of Receipt Mailing Address 3423 NE 166th St 2025 06 30 City State Zip Code Transaction ID: SA11AI.13211 FL North Miami 33160 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1500.00 Name of Employer Occupation Private Equity Blue Arch Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General Earmarked 1500.00 Other (specify) 3500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS 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) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 2025 30 City State Zip Code Transaction ID: SA11AI.13211.0 DC 20001 WASHINGTON FEC ID number of contributing Amount of Each Receipt this Period C00797670 federal political committee. 1500.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 53519.43 Other (specify) Full Name (Last, First, Middle Initial) Horn, Alex, , , Date of Receipt Mailing Address 3720 De Garmo Lane 2025 06 04 City State Zip Code Transaction ID: SA11AI.13145 Miami FL 33133 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1500.00 Name of Employer Occupation Bridge Invest Managing Parnter Memo Item Receipt For: 2026 Election Cycle-to-Date Earmarked | Primary General 1500.00 Other (specify) \(\nbbeq\) Full Name (Last, First, Middle Initial) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 06 04 2025 City State Zip Code Transaction ID: SA11AI.13145.0 DC WASHINGTON 20001 FEC ID number of contributing C C00797670 Amount of Each Receipt this Period federal political committee. 1500.00 Occupation Name of Employer Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 34519 43 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the ITEMIZED RECEIPTS 13a 13b 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 Full Name (Last, First, Middle Initial) Jaeger, Phyllis, , , Date of Receipt Mailing Address 47 E 88th St Apt 11C 2025 04 City State Zip Code Transaction ID: SA11AI.13147 NY 10128 New York FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 1000.00 Name of Employer Occupation Sotheby's Real Estate Agent Memo Item Receipt For: 2026 Election Cycle-to-Date Earmarked Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 2025 06 04 City State Zip Code Transaction ID: SA11AI.13147.0 WASHINGTON DC 20001 FEC ID number of contributing C C00797670 Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date | Primary General 21519.43 Other (specify) ▼ Full Name (Last, First, Middle Initial) Jordan, Robert, , , Date of Receipt Mailing Address 7 Essex St 2025 06 04 City State Zip Code Transaction ID: SA11AI.13149 NY New York 10002 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation KCC LCC Lawyer Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General Earmarked 1000.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS 13a 13b 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 Full Name (Last, First, Middle Initial) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 04 City State Zip Code Transaction ID: SA11AI.13149.0 DC 20001 WASHINGTON FEC ID number of contributing Amount of Each Receipt this Period C00797670 federal political committee. 1000.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 24019.43 Other (specify) Full Name (Last, First, Middle Initial) Karapetyan, Armen, , , Date of Receipt Mailing Address 16800 NW 2nd Ave suite 306A 2025 05 24 City State Zip Code Transaction ID: SA11AI.13241 Miami FL 33169 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation Zenacare Corp Coo Memo Item Receipt For: 2026 Election Cycle-to-Date Earmarked > Primary General 1000.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) Kohli, Gaurav,,, Date of Receipt Mailing Address 734 Swallowtail Ct. 2025 05 24 City State Zip Code Transaction ID: SA11AI.13248 CA Brisbane 94005 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2000.00 Name of Employer Occupation CEO VitalFriend Inc. Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General Earmarked 2000.00 Other (specify) 3000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS 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) Kondapalli, Satya, , , Date of Receipt Mailing Address 7264 mount veeder rd 05 2025 24 City State Zip Code Transaction ID: SA11AI.13250 CA 94568 Dublin FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 2000.00 Name of Employer Occupation VitalFrnd Founder & CTO Memo Item Receipt For: 2026 Election Cycle-to-Date Earmarked Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) Korn, Betsy, , , Date of Receipt Mailing Address 1904 Bay Drive 2025 06 04 City State Zip Code Transaction ID: SA11AI.13151 Pompano Beach FL 33062 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1500.00 Name of Employer Occupation **BVision** Sports Memo Item Receipt For: 2026 Election Cycle-to-Date Earmarked | Primary General 1500.00 Other (specify) \(\nbbeq\) Full Name (Last, First, Middle Initial) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 06 04 2025 City State Zip Code Transaction ID: SA11AI.13151.0 DC WASHINGTON 20001 FEC ID number of contributing C C00797670 Amount of Each Receipt this Period federal political committee. 1500.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 25519 43 Other (specify) 3500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS 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) Krasnow, Rena, , , Date of Receipt Mailing Address 1725 York Ave 22F 05 2025 28 City State Zip Code Transaction ID: SA11AI.13110 NY 10128 New York FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 1500.00 Name of Employer Occupation None Retired Memo Item Receipt For: 2026 Election Cycle-to-Date Earmarked Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 2025 05 28 City State Zip Code Transaction ID: SA11AI.13110.0 WASHINGTON DC 20001 FEC ID number of contributing C C00797670 Amount of Each Receipt this Period federal political committee. 1500.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date | Primary General 7509.43 Other (specify) ▼ Full Name (Last, First, Middle Initial) Leder, Sean, , , Date of Receipt Mailing Address 1101 Spanish River Rd 06 04 2025 City State Zip Code Transaction ID: SA11AI.13153 FL Boca Raton 33432 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1500.00 Name of Employer Occupation Leder Realty Investor Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General Earmarked 1500.00 Other (specify) 3000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS 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) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 04 City State Zip Code Transaction ID: SA11AI.13153.0 DC 20001 WASHINGTON FEC ID number of contributing Amount of Each Receipt this Period C00797670 federal political committee. 1500.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 27019.43 Other (specify) Full Name (Last, First, Middle Initial) Levitas, Mark, , , Date of Receipt Mailing Address 15020 SW 76th Ct 2025 06 04 City State Zip Code Transaction ID: SA11AI.13155 Miami FL 33158 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation **Kotel Partners** General Partner Memo Item Receipt For: 2026 Election Cycle-to-Date Earmarked | Primary General 500.00 Other (specify) \(\nbbeq\) Full Name (Last, First, Middle Initial) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 06 04 2025 City State Zip Code Transaction ID: SA11AI.13155.0 DC WASHINGTON 20001 FEC ID number of contributing C C00797670 Amount of Each Receipt this Period federal political committee. 500.00 Occupation Name of Employer Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 18019 43 Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS 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) Levy, Yair, , , Date of Receipt Mailing Address 2025 25 City State Zip Code Transaction ID: SA11AI.13196 FL 33133 Miami FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 1000.00 Name of Employer Occupation Moss Project Manager Memo Item Receipt For: 2026 Election Cycle-to-Date Earmarked Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 2025 06 25 City State Zip Code Transaction ID: SA11AI.13196.0 WASHINGTON DC 20001 FEC ID number of contributing C C00797670 Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date | Primary General 43019.43 Other (specify) ▼ Full Name (Last, First, Middle Initial) Linowitz, Marc, , , Date of Receipt Mailing Address 900 Bay Drive 2025 Apt 404 05 07 City State Zip Code Transaction ID: SA11AI.13093 FL Miami Beach 33141 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Retired None Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General Earmarked 500.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS 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) Metzger, Benjamin, , , Date of Receipt Mailing Address 9651 Chianti Classico Terrace 2025 25 City State Zip Code Transaction ID: SA11AI.13193 FL 33496 Boca Raton FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 1500.00 Name of Employer Occupation **BBR** Investment Memo Item Receipt For: 2026 Election Cycle-to-Date Earmarked Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 2025 06 25 City State Zip Code Transaction ID: SA11AI.13193.0 WASHINGTON DC 20001 FEC ID number of contributing C C00797670 Amount of Each Receipt this Period federal political committee. 1500.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 46019.43 Other (specify) ▼ Full Name (Last, First, Middle Initial) Millstein, Alyse, , , Date of Receipt Mailing Address 40 N Van Dien Ave 2025 05 28 City State Zip Code Transaction ID: SA11AI.13124 NJ Ridgewood 07450 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2000.00 Name of Employer Occupation Real Estate The STRO Companies Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General Earmarked 2000.00 Other (specify) 3500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

City

City

Self

Hewlett

WASHINGTON

Name of Employer

Receipt For: 2026

Primary

Name of Employer

Receipt For: 2026

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

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

| Primary

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

PAGE 27 OF 174 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 11a 11b 11d 11c Detailed Summary Page 13a 13b 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 Full Name (Last, First, Middle Initial) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 28 State Zip Code Transaction ID: SA11AI.13124.0 DC 20001 FEC ID number of contributing Amount of Each Receipt this Period C00797670 federal political committee. 2000.00 Occupation Memo Item Election Cycle-to-Date General 17509.43 Other (specify) Full Name (Last, First, Middle Initial) Muss, Jacqueline, , , Date of Receipt Mailing Address 345 Meadowview Ave 2025 05 28 State Zip Code Transaction ID: SA11AI.13120 NY 11557 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1500.00 Occupation Art Advisor Memo Item Election Cycle-to-Date Earmarked General 1500.00 Other (specify) \(\nbbeq\)

Full Name (Last, First, Middle Initial) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 05 28 2025 City State Zip Code Transaction ID: SA11AI.13120.0 DC WASHINGTON 20001 FEC ID number of contributing C C00797670 Amount of Each Receipt this Period federal political committee. 1500.00 Occupation Name of Employer Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 14009 43 Other (specify)

1500.00

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ITEMIZED RECEIPTS 13a 13b 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 Full Name (Last, First, Middle Initial) Nebu, Chacko, , , Date of Receipt Mailing Address 7025 Oleander Ave 2025 24 City State Zip Code Transaction ID: SA11AI.13239 FL 34952 Port St Lucie FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 3500.00 Name of Employer Occupation MSC Doctor Memo Item Receipt For: 2026 Election Cycle-to-Date Earmarked Primary General 3500.00 Other (specify) Full Name (Last, First, Middle Initial) Nebu, Chacko, , , Date of Receipt Mailing Address 7025 Oleander Ave 2025 05 24 City State Zip Code Transaction ID: SA11AI.13242 Port St Lucie FL 34952 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 4000.00 Name of Employer Occupation MSC Doctor Memo Item Receipt For: 2026 Election Cycle-to-Date Earmarked | Primary General 7500.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) Neelankavil, Shalini, , , Date of Receipt Mailing Address 2249 Magic Mantle Dr 2025 05 24 City State Zip Code Transaction ID: SA11AI.13253 TX The Colony 75056 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation CEO Mayya.ai Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General Earmarked 1000.00 Other (specify) 8500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

#### : 97 'A - G7 9 @ 5 B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC F H Z G7 < 98 I @ 'C F' + H9 A - N5 H-C B

Form/Schedule: SA11AI

Transaction ID: SA11AI.13242

The committee has refunded the excess contribution of \$500 back to the donor and it will appear on the October Quarterly FEC Report.

Form/Schedule: Transaction ID:

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ITEMIZED RECEIPTS 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) Ottinot, Hans, , , Date of Receipt Mailing Address 1745 Eagle Trace Blvd 2025 30 City State Zip Code Transaction ID: SA11AI.13258 FL 33071 **Coral Springs** FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 3500.00 Name of Employer Occupation Ottinot Law Lawyer Memo Item Receipt For: 2026 Election Cycle-to-Date Earmarked Primary General 3500.00 Other (specify) Full Name (Last, First, Middle Initial) Papo, Michael, , , Date of Receipt Mailing Address 295 Central Park West 2025 Apt 15H 05 28 City State Zip Code Transaction ID: SA11AI.13116 New York NY 10024 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1500.00 Name of Employer Occupation None Retired Memo Item Receipt For: 2026 Election Cycle-to-Date Earmarked | Primary General 1500.00 Other (specify) \(\nbbeq\) Full Name (Last, First, Middle Initial) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 05 28 2025 City State Zip Code Transaction ID: SA11AI.13116.0 DC WASHINGTON 20001 FEC ID number of contributing C C00797670 Amount of Each Receipt this Period federal political committee. 1500.00 Occupation Name of Employer Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 11009 43 Other (specify) 5000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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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) Penn, Arthur, , , Date of Receipt Mailing Address 3315 Collins Ave 2025 04 City State Zip Code Transaction ID: SA11AI.13157 FL 33140 Miami Beach FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 1500.00 Name of Employer Occupation Pennant Park Investments Memo Item Receipt For: 2026 Election Cycle-to-Date Earmarked Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 2025 06 04 City State Zip Code Transaction ID: SA11AI.13157.0 WASHINGTON DC 20001 FEC ID number of contributing C C00797670 Amount of Each Receipt this Period federal political committee. 1500.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 28519.43 Other (specify) ▼ Full Name (Last, First, Middle Initial) Pollack, Stacy, , , Date of Receipt Mailing Address 416 Washington St PHD 05 28 2025 City State Zip Code Transaction ID: SA11AI.13122 NY New York 10013 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1500.00 Name of Employer Occupation Not Employed None Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General Earmarked 1500.00 Other (specify) 3000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS 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) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 28 City State Zip Code Transaction ID: SA11AI.13122.0 DC 20001 WASHINGTON FEC ID number of contributing Amount of Each Receipt this Period C00797670 federal political committee. 1500.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 15509.43 Other (specify) Full Name (Last, First, Middle Initial) Powell Dadzie, Elizabeth, , , Date of Receipt Mailing Address 8032 Porter House Pl 06 2025 05 City State Zip Code Transaction ID: SA11AI.13233 **Dunn Loring** VA 22027 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation G2G lawyer consultant Memo Item Receipt For: 2026 Election Cycle-to-Date | Primary Earmarked General 500.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) Roller, Irina, , , Date of Receipt Mailing Address 70 Little W St Apt 27B 2025 06 04 City State Zip Code Transaction ID: SA11AI.13159 NY New York 10005 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation Self Attorney Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General Earmarked 1000.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

33 OF PAGE 174 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 11a 11b 11d 11c Detailed Summary Page 13a 13b 14

ITEMIZED RECEIPTS 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) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 04 City State Zip Code Transaction ID: SA11AI.13159.0 DC 20001 WASHINGTON FEC ID number of contributing Amount of Each Receipt this Period C00797670 federal political committee. 1000.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 29519.43 Other (specify) Full Name (Last, First, Middle Initial) Schwartz, Jesse, , , Date of Receipt Mailing Address 15 W 72nd St 2025 06 City State Zip Code Transaction ID: SA11AI.13166 New York NY 10023 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation None Retired Memo Item Receipt For: 2026 Election Cycle-to-Date Earmarked | Primary General 1000.00 Other (specify) \(\nbbeq\) Full Name (Last, First, Middle Initial) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 06 11 2025 City State Zip Code Transaction ID: SA11AI.13166.0 DC WASHINGTON 20001 FEC ID number of contributing C C00797670 Amount of Each Receipt this Period federal political committee. 1000.00 Occupation Name of Employer Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 35519 43 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

34 OF PAGE 174 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 11a 11b 11d 11c Detailed Summary Page 13a 13b 14

ITEMIZED RECEIPTS 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) Schwartz, Michael, , , Date of Receipt Mailing Address 57 Reade St 2025 04 City State Zip Code Transaction ID: SA11AI.13161 NY 10007 New York FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 2000.00 Name of Employer Occupation Neuberger Berman Asset Manager Memo Item Receipt For: 2026 Election Cycle-to-Date Earmarked Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 2025 06 04 City State Zip Code Transaction ID: SA11AI.13161.0 WASHINGTON DC 20001 FEC ID number of contributing C C00797670 Amount of Each Receipt this Period federal political committee. 2000.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 31519.43 Other (specify) ▼ Full Name (Last, First, Middle Initial) Schweber, Renee, , , Date of Receipt Mailing Address 12649 New Caladonia Lane 06 18 2025 City State Zip Code Transaction ID: SA11AI.13189 FL **Boynton Beach** 33473 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation Retired None Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General Earmarked 500.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER:				PAGE	·	,,	OF		74
(check only one)									
<b>X</b> 1	1a	]11b		11c		11	d		
1	2	13a		13b		14			15

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ITEMIZED RECEIPTS 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) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 18 City State Zip Code Transaction ID: SA11AI.13189.0 DC 20001 WASHINGTON FEC ID number of contributing Amount of Each Receipt this Period C00797670 federal political committee. 500.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 41019.43 Other (specify) Full Name (Last, First, Middle Initial) Senatus, Martine, , , Date of Receipt Mailing Address 11020 81 St Ct North 2025 06 City State Zip Code Transaction ID: SA11AI.13276 Palm Beach Gardens FL 33412 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation VIP INTEGRATIVE HEALTH CARE Nurse Practitioner Memo Item Receipt For: 2026 Election Cycle-to-Date Earmarked > Primary General 1000.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) Solomon, Geula, , , Date of Receipt Mailing Address 390 West End Ave 2025 05 28 City State Zip Code Transaction ID: SA11AI.13096 NY New York 10024 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation Managing Director **Barclays** Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General Earmarked 1000.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional).....

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

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ITEMIZED RECEIPTS 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) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 2025 28 City State Zip Code Transaction ID: SA11AI.13096.0 DC 20001 WASHINGTON FEC ID number of contributing Amount of Each Receipt this Period C00797670 federal political committee. 1000.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 1509.43 Other (specify) Full Name (Last, First, Middle Initial) Spielman, Bryan, , , Date of Receipt Mailing Address 10 W 86th St 2025 05 28 City State Zip Code Transaction ID: SA11AI.13100 New York NY 10024 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation Advarra CGO Memo Item Receipt For: 2026 Election Cycle-to-Date Earmarked > Primary General 1000.00 Other (specify) \(\nbbeq\) Full Name (Last, First, Middle Initial) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 05 28 2025 City State Zip Code Transaction ID: SA11AI.13100.0 DC WASHINGTON 20001 FEC ID number of contributing C C00797670 Amount of Each Receipt this Period federal political committee. 1000.00 Occupation Name of Employer Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 2509 43 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

PAGE 37 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c Detailed Summary Page

OF

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ITEMIZED RECEIPTS 11d 13a 13b 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 Full Name (Last, First, Middle Initial) stern, judith, , , Date of Receipt Mailing Address 905 SE 12th Ct Apt 12 04 2025 30 City State Zip Code Transaction ID: SA11AI.13226 FL 33316-2071 Fort Lauderdale FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 500.00 Name of Employer Occupation Self Employed Governmental Affairs Memo Item Receipt For: 2026 Election Cycle-to-Date Earmarked Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) Sussman, Andrew, , , Date of Receipt Mailing Address 175 E 74th St 2025 14A 05 28 City State Zip Code Transaction ID: SA11AI.13103 New York NY 10474 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1500.00 Name of Employer Occupation Plymouth Beef Executive Memo Item Receipt For: 2026 Election Cycle-to-Date Earmarked > Primary General 1500.00 Other (specify) \(\nbbeq\) Full Name (Last, First, Middle Initial) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 05 28 2025 City State Zip Code Transaction ID: SA11AI.13103.0 DC WASHINGTON 20001 FEC ID number of contributing C C00797670 Amount of Each Receipt this Period federal political committee. 1500.00 Occupation Name of Employer Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 4009 43 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

38 OF PAGE 174 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 11a 11b 11d 11c Detailed Summary Page 13a 13b 14

ITEMIZED RECEIPTS 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) Weinstein, Joshua, , , Date of Receipt Mailing Address 3273 Coacoohee St 04 2025 29 City State Zip Code Transaction ID: SA11AI.13061 FL 33133 Miami FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 3500.00 Name of Employer Occupation Carnival Cruise Lines President & CEO Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 3500.00 Other (specify) Full Name (Last, First, Middle Initial) Williams, Tiffani, , , Date of Receipt Mailing Address 3240 Theodore R Hagans Dr. NE 2025 05 01 City State Zip Code Transaction ID: SA11AI.13227 Washington DC 20018 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation The Daschle Group Consultant Memo Item Receipt For: 2026 Election Cycle-to-Date Earmarked > Primary General 500.00 Other (specify) ▼ Full Name (Last, First, Middle Initial) Wise, Seth, , , Date of Receipt Mailing Address 2719 Juniper Lane 2025 06 25 City State Zip Code Transaction ID: SA11AI.13195 FL Davie 33330 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1500.00 Name of Employer Occupation Real Estate **BBX Capital** Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General Earmarked 1500.00 Other (specify) 5500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

PAGE 39 OF 174 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 11a 11b 11d 11c Detailed Summary Page 13a 13b 14

ITEMIZED RECEIPTS 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) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 25 City State Zip Code Transaction ID: SA11AI.13195.0 DC 20001 WASHINGTON FEC ID number of contributing Amount of Each Receipt this Period C00797670 federal political committee. 1500.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 44519.43 Other (specify) Full Name (Last, First, Middle Initial) Yogev, Achikam, , , Date of Receipt Mailing Address PO Box 9023206 2025 06 30 City State Zip Code Transaction ID: SA11AI.13208 San Juan PR 00902 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1500.00 Name of Employer Occupation Los Flamboyanes Inc Real Estate Memo Item Receipt For: 2026 Election Cycle-to-Date Earmarked | Primary General 1500.00 Other (specify) \(\nbbeq\) Full Name (Last, First, Middle Initial) AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 251 H ST NW 06 30 2025 City State Zip Code Transaction ID: SA11AI.13208.0 DC WASHINGTON 20001 FEC ID number of contributing C C00797670 Amount of Each Receipt this Period federal political committee. 1500.00 Name of Employer Occupation Memo Item Receipt For: 2026 Election Cycle-to-Date Primary General 52019.43 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... 105050.00 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 OF 174 (check only one)  11a
			any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCOR	MICK FOI	R CONGRESS, INC	
Full Name (Last, First, Middle Initial)  AMALGAMATED SUGAR COMPANY P  Mailing Address 1951 SOUTH SATURN WAY		CTION COMMITTEE	Date of Receipt
City SUITE 100	State ID	Zip Code 83709	06 30 2025 Transaction ID : SA11C.13082
FEC ID number of contributing federal political committee.	C co	0326389	Amount of Each Receipt this Period
Name of Employer  Receipt For: 2026	Occupation		1500.00 Memo Item
Primary General Other (specify) ▼	Election C	ycle-to-Date ▼ 1500.00	
Full Name (Last, First, Middle Initial)  AMERICAN ASSOCIATION FOR JUSTICE  Mailing Address 777 6TH STREET, NW	POLITICAL A	ACTION COMMITTEE (AAJ F	M M / D D / Y Y Y Y
SUITE 200 City WASHINGTON	State	Zip Code 20001	06 30 2025  Transaction ID : SA11C.13083
FEC ID number of contributing federal political committee.		0024521	Amount of Each Receipt this Period
Name of Employer	Occupation	n	2500.00
Receipt For: 2026  Primary General  Other (specify) ▼	Election C	ycle-to-Date  2500.00	Memo Item
Full Name (Last, First, Middle Initial)  AMERICAN CRYSTAL SUGAR COMP  Mailing Address 101 NORTH 3RD STREET	ANY POLITIO	CAL ACTION COMMITTEE	Date of Receipt  Date of Receipt  22 2025
City MOORHEAD	State MN	Zip Code 56560	Transaction ID : SA11C.13075
FEC ID number of contributing federal political committee.  C CO		0110338	Amount of Each Receipt this Period
		n	5000.00
Receipt For: 2026  ✓ Primary General  Other (specify) ▼	Election C	ycle-to-Date   5000.00	Memo Item
SUBTOTAL of Receipts This Page (optional)			> 9000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 OF 174 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the		nay not be sold or used by any	12     13a     13b     14     15
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCOR!	MICK FOI	R CONGRESS, INC	
Full Name (Last, First, Middle Initial)  AMERICAN OPTOMETRIC ASSOCIATION POLITICA  Mailing Address 1505 PRINCE STREET  SUITE 300  City  ALEXANDRIA  FEC ID number of contributing federal political committee.  Name of Employer  Occupation		AL ACTION COMMITTEE  Zip Code 22314  0024968	Date of Receipt  M M M / 08 2025  Transaction ID : SA11C.13069  Amount of Each Receipt this Period  2500.00  Memo Item
Full Name (Last, First, Middle Initial)  CGI TECHNOLOGIES AND SOLUTIONS  Mailing Address 11325 RANDOM HILLS ROA  City FAIRFAX  FEC ID number of contributing	State VA	Zip Code 22030	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer  Receipt For: 2026	Occupation		1000.00  Memo Item
Primary General Other (specify) ▼	Liection	3000.00	
Full Name (Last, First, Middle Initial)  DAVITA INC. POLITICAL ACTION COMMailing Address 32275 32ND AVE, S.	MMITTEE (DA	APAC)	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City FEDERAL WAY	State WA	Zip Code 98001	Transaction ID : SA11C.13077
FEC ID number of contributing federal political committee.	<b>C</b> co	0340943	Amount of Each Receipt this Period
Name of Employer Occupation		١	1000.00
Receipt For: 2026  ✓ Primary General  Other (specify) ▼	Election C	ycle-to-Date ▼ 1000.00	Memo Item
SUBTOTAL of Receipts This Page (optional)			4500.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 OF 174 (check only one)  11a
			person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCOF			
Full Name (Last, First, Middle Initial) FLORIDA SUGAR CANE LEAGUE PAG Mailing Address 1301 PENNSYLVANIA AVE  City	_	Zip Code	Date of Receipt  06 30 2025  Transaction ID: SA11C.13085
WASHINGTON  FEC ID number of contributing federal political committee.	C co	20004 0012328	Amount of Each Receipt this Period
Name of Employer  Receipt For: 2026  ☐ Primary ☐ General  Other (specify) ▼	Occupation  Election C	ycle-to-Date  1000.00	1000.00  Memo Item
Full Name (Last, First, Middle Initial)  MACHINISTS NON PARTISAN POLITICAL LEAGUE C  Mailing Address 9000 MACHINISTS PLACE			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City UPPER MARLBORO  FEC ID number of contributing federal political committee.	State MD	Zip Code 20772 0002469	Amount of Each Receipt this Period
Name of Employer  Receipt For: 2026  Primary General Other (specify) ▼	Occupation  Election C	ycle-to-Date   5000.00	5000.00  Memo Item
Full Name (Last, First, Middle Initial)  MICHIGAN SUGAR COMPANY GROV  Mailing Address 122 UPTOWN DR SUITE 3  City		CAL ACTION COMMITTEE	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	C co	0384354	Amount of Each Receipt this Period
Name of Employer  Receipt For: 2026  ✓ Primary General  Other (specify) ▼	Occupation  Election C	ycle-to-Date  1000.00	1000.00  Memo Item
SUBTOTAL of Receipts This Page (optional).			7000.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 OF 174 (check only one)  11a 11b X 11c 11d 11d 13b 14 15
			ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCOR	MICK FOI	R CONGRESS, INC	
Full Name (Last, First, Middle Initial)  MINN-DAK FARMERS COOPERATIVE  Mailing Address 7525 RED RIVER ROAD  City	State	(MDSPAC)  Zip Code	Date of Receipt  06 11 2025  Transaction ID : SA11C.13078
WAHPETON  FEC ID number of contributing federal political committee.	C CO	58075	Amount of Each Receipt this Period
Name of Employer  Receipt For: 2026  Primary General  Other (specify) ▼	Occupation  Election C	cycle-to-Date  1000.00	Memo Item
Full Name (Last, First, Middle Initial)  NEA FUND FOR CHILDREN AND PUB  Mailing Address 1201 16TH STREET NW	LIC EDUCAT	ION	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SA11C.13080
FEC ID number of contributing federal political committee.		0003251	Amount of Each Receipt this Period
Name of Employer	Occupation	n	
Receipt For: 2026  Primary General  Other (specify) ▼	Election C	cycle-to-Date  2000.00	Memo Item
Full Name (Last, First, Middle Initial) ORACLE AMERICA, INC. POLITICAL A Mailing Address 901 F STREET NW SUITE 800	ACTION COM	MMITTEE (ORACLE PAC)	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WASHINGTON	State DC	Zip Code 20004	Transaction ID : SA11C.13091
FEC ID number of contributing federal political committee.	<b>C</b> co	0323048	Amount of Each Receipt this Period
Name of Employer	Occupation	n	1500.00
Receipt For: 2026  ☐ Primary ☐ General  Other (specify) ▼	Election C	cycle-to-Date   1500.00	Memo Item
SUBTOTAL of Receipts This Page (optional)			4500.00

SCHEDULE A (FEC TEMIZED RECEIPTS	· ·	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 OF 174 (check only one)  11a 11b X 11c 11d 11d 13b 14 15
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (IN F	ull) S MCCORMICK FOR	R CONGRESS, INC	
Full Name (Last, First, Middle SUGAR CANE GROWER: Mailing Address PO BOX 666	S COÓPERATIVE OF FLOI	RIDA (PAC)	Date of Receipt  06 30 2025  Transaction ID : SA11C.13087
FEC ID number of contributir federal political committee.	rL C Cor	33430 0254656	Amount of Each Receipt this Period
Name of Employer  Receipt For: 2026  ✓ Primary Gener  Other (specify) ▼		ycle-to-Date ====================================	Memo Item
Full Name (Last, First, Middle TOYOTA MOTOR NORTH AME Mailing Address 325 7TH STR	ERICA, INC POLITICAL ACTION	COMMITTEE (TOYOTA/LEXUS PA	Date of Receipt    M
WASHINGTON FEC ID number of contributir federal political committee.	DC Coo	20004	Amount of Each Receipt this Period
Name of Employer  Receipt For: 2026  Primary Gener Other (specify) ▼		ycle-to-Date	
Full Name (Last, First, Middle TOYOTA MOTOR NORTH AMI Mailing Address 325 7TH STI	REET, NW, SUITE 1000	COMMITTEE (TOYOTA/LEXUS PA	C) Date of Receipt  M M M / D D M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
WASHINGTON  FEC ID number of contributir federal political committee.	C Coo	20004 0542365	Amount of Each Receipt this Period
Name of Employer  Receipt For: 2026  Primary Gener  Other (specify) ▼		ycle-to-Date 4000.00	2000.00  Memo Item
SUBTOTAL of Receipts This P	age (optional)		4500.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 OF 174 (check only one)  11a	
			person for the purpose of soliciting contributions tee to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORN				
Full Name (Last, First, Middle Initial) UNITED STATES SUGAR CORPORATION EMPLOYEE STO  A.  Mailing Address 111 PONCE DE LEON AVENU		P PLAN POLITICAL ACTION COMMITTE	E, Date of Receipt	
City CLEWISTON	State FL	Zip Code 33440	05 29 2025  Transaction ID : SA11C.13074	
FEC ID number of contributing federal political committee.	C co	0234120	Amount of Each Receipt this Period	
Name of Employer	Occupation	n	5000.00  Memo Item	
Receipt For: 2026  ☐ Primary ☐ General  Other (specify) ▼	Election C	ycle-to-Date ▼ 5000.00	Memo item	
Full Name (Last, First, Middle Initial)  WESTERN SUGAR COOPERATIVE PAC  Mailing Address 7555 EAST HAMPDEN AVEN  SUITE 520			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City DENVER	State CO	Zip Code 80231	Transaction ID : SA11C.13090	
FEC ID number of contributing federal political committee.	C C00	0446674	Amount of Each Receipt this Period	
Name of Employer	Occupation	1	1000.00	
Receipt For: 2026  ✓ Primary General  Other (specify) ▼	Election C	ycle-to-Date  1000.00	Memo Item	
Full Name (Last, First, Middle Initial)			Date of Receipt	
Mailing Address  City	State	Zip Code	M M / D D / Y Y Y Y	
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period	
Name of Employer	Occupation	1		
Receipt For:  Primary General  Other (specify) ▼	Election Cy	ycle-to-Date	Memo Item	
SUBTOTAL of Receipts This Page (optional)			6000.00	

35500.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS			I		FOR LINE NUMBER: PAGE 46 OF 174 (check only one)  11a 11b 11c 11d 11d 12 13a 13b X 14 15	
	ny information copied from such Reports and St for commercial purposes, other than using the				nerson for the purpose of soliciting contributions e to solicit contributions from such committee.	
$\rangle$	NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORM	ICK FOR	₹ (	CONGRESS, INC		
Full Name (Last, First, Middle Initial) Delta Mailing Address 1030 Delta Blvd					Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City Atlanta	State GA		Zip Code 30354	Transaction ID : SA14.13056	
	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period  368.48	
	Name of Employer	Occupation	1			
Receipt For: 2026  ☐ Primary ☐ General  Other (specify) ▼			ycle	e-to-Date ▼ 368.48	Memo Item	
_	Full Name (Last, First, Middle Initial)				Date of Receipt	
<b>3</b> .	Mailing Address				M M / D D / Y Y Y Y	
	City	State		Zip Code		
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period	
	Name of Employer	Occupation	1			
Receipt For:  Primary  General  Other (specify) ▼		Election C	ycle	e-to-Date 🔻	Memo Item	
	Full Name (Last, First, Middle Initial)				Date of Receipt	
J.	Mailing Address				M   M / D   D / Y   Y   Y   Y	
	City	State		Zip Code		
FEC ID number of contributing federal political committee.			_		Amount of Each Receipt this Period	
	Name of Employer	Occupation	1			
	Receipt For:  Primary General  Other (specify) ▼	Election C	ycle	e-to-Date	Memo Item	

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

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

368.48

368.48

PAGE 47 174 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c 21

ITEMIZED DISBURSEMENTS 19b 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. Actblue 2025 19 Mailing Address Po Box 441146 City State Zip Code **FEC Identification Number** MA Somerville 02144 Purpose of Disbursement Credit Card Processing Fee Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 734.20 Office Sought: House Senate Primary General Transaction ID: SB17.13292 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) Date of Disbursement B. Actblue Mailing Address Po Box 441146 02 2025 06 City State Zip Code **FEC Identification Number** Somerville MA 02144 Purpose of Disbursement Credit Card Processing Fee Candidate Name Amount of Each Disbursement this Period Category/ Type 160.66 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13293 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Actblue Mailing Address Po Box 441146 06 09 2025 City State Zip Code **FEC Identification Number** Somerville MΑ 02144 Purpose of Disbursement Credit Card Processing Fee Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 9.88 Office Sought: House General Senate Primary Transaction ID: SB17.13294 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 904.74 TOTAL This Period (last page this line number only).....

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

**PAGE** 48 174 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c

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. Actblue 2025 06 30 Mailing Address Po Box 441146 State Zip Code City **FEC Identification Number** MA Somerville 02144 Purpose of Disbursement Credit Card Processing Fee Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 52.55 Office Sought: House Senate Primary General Transaction ID: SB17.13295 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) Date of Disbursement B. Amtrak Mailing Address 1 Massachusetts Ave NW 2025 05 City State Zip Code **FEC Identification Number** DC Washington 20001 Purpose of Disbursement Travel Expense Candidate Name Amount of Each Disbursement this Period Category/ Type 423.00 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13310 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Amtrak Mailing Address 1 Massachusetts Ave NW 06 09 2025 City State Zip Code **FEC Identification Number** Washington DC 20001 Purpose of Disbursement Travel Expense Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 1672.00 Office Sought: House General Senate Primary Transaction ID: SB17.13312 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 2147.55 TOTAL This Period (last page this line number only).....

**PAGE** 49 174 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 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. Angerholzer Broz Consulting 2025 06 Mailing Address 1 M Street SE Suite 275 City State Zip Code **FEC Identification Number** DC Washington 20003 Purpose of Disbursement Fundraising and Compliance Consulting Fee Candidate Name Amount of Each Disbursement this Period Category/ Type 5632.95 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13329 Other (specify) President Memo Item District: State: Full Name (Last, First, Middle Initial) B. Angerholzer Broz Consulting Date of Disbursement Mailing Address 1 M Street SE 2025 06 Suite 275 City State Zip Code **FEC Identification Number** DC Washington 20003 Purpose of Disbursement Fundraising and Compliance Consulting Fee Candidate Name Amount of Each Disbursement this Period Category/ Type 4367.05 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13330 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Black Car Service Mailing Address 06 02 2025 City State Zip Code **FEC Identification Number** Potomac MD Purpose of Disbursement Travel Expense Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 219.50 Office Sought: House Senate Primary General Transaction ID: SB17.13313 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 10219.50 TOTAL This Period (last page this line number only).....

PAGE 50 174 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 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. Delta 2025 06 09 Mailing Address 1030 Delta Blvd State City Zip Code **FEC Identification Number** GA Atlanta 30354 Purpose of Disbursement C Travel Expense Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 368.48 Office Sought: House Senate Primary General Transaction ID: SB17.13314 Other (specify) President Memo Item District: State: Full Name (Last, First, Middle Initial) B. Democracy Engine LLC Date of Disbursement Mailing Address 416 Florida Ave NW #26418 2025 05 City State Zip Code **FEC Identification Number** DC Washington 20001 Purpose of Disbursement Credit Card Processing Fee Candidate Name Amount of Each Disbursement this Period Category/ Type 850.50 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13286 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Democracy Engine LLC Mailing Address 416 Florida Ave NW #26418 06 2025 City State Zip Code **FEC Identification Number** Washington DC 20001 Purpose of Disbursement Credit Card Processing Fee Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 850.00 Office Sought: House General Senate Primary Transaction ID: SB17.13335 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 2068.98 TOTAL This Period (last page this line number only).....

PAGE 51 174 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c 21

ITEMIZED DISBURSEMENTS 19b 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. Democracy Engine LLC 2025 06 Mailing Address 416 Florida Ave NW #26418 12 City State Zip Code **FEC Identification Number** DC Washington 20001 Purpose of Disbursement C Credit Card Processing Fee Candidate Name Amount of Each Disbursement this Period Category/ Type 300.00 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13287 Other (specify) President Memo Item District: State: Full Name (Last, First, Middle Initial) B. Democracy Engine LLC Date of Disbursement Mailing Address 416 Florida Ave NW #26418 2025 19 06 City State Zip Code **FEC Identification Number** DC Washington 20001 Purpose of Disbursement Credit Card Processing Fee Candidate Name Amount of Each Disbursement this Period Category/ Type 25.00 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13288 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Democracy Engine LLC Mailing Address 416 Florida Ave NW #26418 06 26 2025 City State Zip Code **FEC Identification Number** Washington DC 20001 Purpose of Disbursement Credit Card Processing Fee Candidate Name Amount of Each Disbursement this Period Category/ Type 250.00 Office Sought: Disbursement For: 2026 House General Senate Primary Transaction ID: SB17.13289 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 575.00 TOTAL This Period (last page this line number only).....

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

PAGE 52 174 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c 21

19b 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. Democracy Engine LLC 2025 06 30 Mailing Address 416 Florida Ave NW #26418 City State Zip Code **FEC Identification Number** DC Washington 20001 Purpose of Disbursement C Credit Card Processing Fee Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 400.00 Office Sought: House Senate Primary General Transaction ID: SB17.13290 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) B. El Bebe Date of Disbursement Mailing Address 99 M St SE #120 2025 06 City State Zip Code **FEC Identification Number** Washington DC 20003 Purpose of Disbursement Fundraiser Catering Expense Candidate Name Amount of Each Disbursement this Period Category/ Type 541.78 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13305 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. El Bebe Mailing Address 99 M St SE #120 06 30 2025 City State Zip Code **FEC Identification Number** Washington DC 20003 Purpose of Disbursement Fundraiser Catering Expense Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 455.00 Office Sought: House General Senate Primary Transaction ID: SB17.13306 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 1396.78 TOTAL This Period (last page this line number only).....

PAGE 53 174 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 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. JETBLUE 2025 30 Mailing Address 2701 Queen Plaza North City State Zip Code **FEC Identification Number** NY Queens 11101 Purpose of Disbursement Travel Expense Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 239.48 Office Sought: House Senate Primary General Transaction ID: SB17.13316 Other (specify) President Memo Item District: State: Full Name (Last, First, Middle Initial) Date of Disbursement B. Mailchimp Mailing Address 2025 675 Ponce De Leon Ave NE 04 Ste 5000 City State Zip Code **FEC Identification Number** Atlanta GΑ 30308 Purpose of Disbursement Email Candidate Name Amount of Each Disbursement this Period Category/ Type 119.00 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13296 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailchimp Mailing Address 675 Ponce De Leon Ave NE 05 05 2025 Ste 5000 City State Zip Code **FEC Identification Number** Atlanta GΑ 30308 Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 119.00 Office Sought: House General Senate Primary Transaction ID: SB17.13297 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 477.48 TOTAL This Period (last page this line number only).....

PAGE 54 174 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 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 2025 06 04 Mailing Address 675 Ponce De Leon Ave NE Ste 5000 State City Zip Code **FEC Identification Number** GA Atlanta 30308 Purpose of Disbursement Email Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 119.00 Office Sought: House Senate Primary General Transaction ID: SB17.13298 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) B. Mauricio Pereia de Barros Date of Disbursement Mailing Address 20801 NW 2nd St 08 2025 04 City State Zip Code **FEC Identification Number** Pembroke Pines FL 33029 Purpose of Disbursement Travel Expense Candidate Name Amount of Each Disbursement this Period Category/ Type 560.00 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13319 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mauricio Pereia de Barros Mailing Address 20801 NW 2nd St 05 06 2025 City State Zip Code **FEC Identification Number** Pembroke Pines FL 33029 Purpose of Disbursement Travel Expense Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 240.00 Office Sought: House General Senate Primary Transaction ID: SB17.13320 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 919.00 TOTAL This Period (last page this line number only).....

PAGE 55 174 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 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 Mauricio Pereia de Barros 05 2025 Mailing Address 20801 NW 2nd St 06 State City Zip Code **FEC Identification Number** FL Pembroke Pines 33029 Purpose of Disbursement Travel Expense Candidate Name Amount of Each Disbursement this Period Category/ Type 240.00 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13321 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) B. Mauricio Pereia de Barros Date of Disbursement Mailing Address 20801 NW 2nd St 2025 05 City State Zip Code **FEC Identification Number** Pembroke Pines FL 33029 Purpose of Disbursement Travel Expense Candidate Name Amount of Each Disbursement this Period Category/ Type 800.00 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13322 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mauricio Pereia de Barros Mailing Address 20801 NW 2nd St 06 13 2025 City State Zip Code **FEC Identification Number** Pembroke Pines FL 33029 Purpose of Disbursement Travel Expense Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 480.00 Office Sought: House General Senate Primary Transaction ID: SB17.13323 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 1520.00 TOTAL This Period (last page this line number only).....

PAGE 56 174 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 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 Mauricio Pereia de Barros 2025 06 Mailing Address 20801 NW 2nd St 13 State City Zip Code **FEC Identification Number** FL Pembroke Pines 33029 Purpose of Disbursement Travel Expense Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 480.00 Office Sought: House Senate Primary General Transaction ID: SB17.13324 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) B. Mauricio Pereia de Barros Date of Disbursement Mailing Address 20801 NW 2nd St 2025 06 City State Zip Code **FEC Identification Number** Pembroke Pines FL 33029 Purpose of Disbursement Travel Expense Candidate Name Amount of Each Disbursement this Period Category/ Type 480.00 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13325 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Milk n Honey Mailing Address 9402 3rd Ave 06 10 2025 City State Zip Code **FEC Identification Number** Brooklyn NY 11209 Purpose of Disbursement Food and Meals Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 345.24 Office Sought: House General Senate Primary Transaction ID: SB17.13302 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 1305.24 TOTAL This Period (last page this line number only).....

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

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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS		Use separate sol for each categor Detailed Summa	y of the	FOR LINE NUMBER: PAGE 57 OF 174 (check only one)    X   17
					person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)				
	SHEILA CHERFILUS MCCORMI	CK FO	R CONGRES	SS, INC	
Α.	Full Name (Last, First, Middle Initial)  New York Marriott at the Brooklyr  Mailing Address 333 Adams St	n Bridge	9		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Brooklyn Purpose of Disbursement Travel Expense	State NY	Zip Code 11201		FEC Identification Number
	Candidate Name			Category Type	/ Amount of Each Disbursement this Period
	Office Sought:  House Senate President  State:  Disburs	ement For: Primary Other (sp	2026 General pecify) ▼	, ,,	325.95  Transaction ID : SB17.13317  Memo Item
В.	Full Name (Last, First, Middle Initial)  NGP Van  Mailing Address 655 15th Street NW Suite 650				Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington Purpose of Disbursement	State DC	Zip Code 20005		FEC Identification Number
	Cottones				

City State NY Brooklyn Purpose of Disbursement Travel Expense Candidate Name Disbursement Office Sought: House Senate Prim Othe President District: Full Name (Last, First, Middle Initial) B. NGP Van Mailing Address 655 15th Street NW Suite 650 City State Washington DC Purpose of Disbursement Software Candidate Name Amount of Each Disbursement this Period Category/ Type 650.00 Office Sought: Disbursement For: 2026 House Senate Primary General Transaction ID: SB17.13282 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement c. NGP Van Mailing Address 655 15th Street NW Suite 650 05 05 2025 Zip Code City State **FEC Identification Number** Washington DC 20005 Purpose of Disbursement Software Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: 2026 650.00 House Senate General Primary Transaction ID: SB17.13283 Other (specify) President Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 1625.95 TOTAL This Period (last page this line number only).....

PAGE 58 174 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c 21

ITEMIZED DISBURSEMENTS 19b 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. NGP Van 2025 Mailing Address 655 15th Street NW Suite 650 City State Zip Code **FEC Identification Number** DC Washington 20005 Purpose of Disbursement Software Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 650.00 Office Sought: House Senate Primary General Transaction ID: SB17.13284 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) B. Palm Beach Human Rights Coalition Date of Disbursement Mailing Address PO Box 267 2025 05 City State Zip Code **FEC Identification Number** West Palm Beach 33402 Purpose of Disbursement **Event Tickets** Candidate Name Amount of Each Disbursement this Period Category/ Type 500.00 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13301 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Sir Stor-A-Lot Self Storage Mailing Address 1973 S State Rd 7 04 08 2025 City State Zip Code **FEC Identification Number** West Park 33023 Purpose of Disbursement Storage Unit Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 924.14 Office Sought: House General Senate Primary Transaction ID: SB17.13308 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 2074.14 TOTAL This Period (last page this line number only).....

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

PAGE 59 174 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c

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. Sir Stor-A-Lot Self Storage 2025 06 Mailing Address 1973 S State Rd 7 State City Zip Code **FEC Identification Number** FL West Park 33023 Purpose of Disbursement Storage Unit Candidate Name Amount of Each Disbursement this Period Category/ Type 959.14 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13309 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) Date of Disbursement **B.** Truist Mailing Address 3401 N Pine Island 2025 04 City State Zip Code **FEC Identification Number** Sunrise FL 33351 Purpose of Disbursement Bank Fee Candidate Name Amount of Each Disbursement this Period Category/ Type 32.00 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13279 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Truist Mailing Address 3401 N Pine Island 05 2025 City State Zip Code **FEC Identification Number** FL Sunrise 33351 Purpose of Disbursement Bank Fee Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 20.00 Office Sought: House General Senate Primary Transaction ID: SB17.13280 President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 1011.14 TOTAL This Period (last page this line number only).....

PAGE 60 174 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X** 17 18 19a Detailed Summary Page 20a 20b 20c

ITEMIZED DISBURSEMENTS 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. Truist 06 2025 Mailing Address 3401 N Pine Island State City Zip Code **FEC Identification Number** FL Sunrise 33351 Purpose of Disbursement Bank Fee Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: 2026 32.00 Office Sought: House Senate Primary General Transaction ID: SB17.13281 Other (specify) President Memo Item District: Full Name (Last, First, Middle Initial) Date of Disbursement B. Walmart Mailing Address 702 SW 8th St 2025 06 City State Zip Code **FEC Identification Number** Bentonville AR 72716 Purpose of Disbursement Office Supplies Candidate Name Amount of Each Disbursement this Period Category/ Type 159.61 Disbursement For: 2026 Office Sought: House Senate Primary General Transaction ID: SB17.13307 Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 191.61 TOTAL This Period (last page this line number only)..... 26437.11

PAGE 61 174 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the ITEMIZED DISBURSEMENTS X 19a 18 19b Detailed Summary Page 20a 20b 20c 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. CHERFILUS-MCCORMICK, SHEILA, , , 2025 06 Mailing Address 18612 SW 41ST STREET City State Zip Code **FEC Identification Number** FL **MIRAMAR** 33029 Purpose of Disbursement H8FL20032 Repayment of Member's Campaign Loan Candidate Name Amount of Each Disbursement this Period Category/ Type 2900.00 Disbursement For: 2022 Office Sought: House Senate Primary General Transaction ID: SB19A.13331 Other (specify) President Memo Item FL Special-General District: Full Name (Last, First, Middle Initial) B. CHERFILUS-MCCORMICK, SHEILA, , , Date of Disbursement Mailing Address 18612 SW 41ST STREET 2025 06 City State Zip Code **FEC Identification Number MIRAMAR** 33029 Purpose of Disbursement H8FL20032 Repayment of Member's Campaign Loan Candidate Name Amount of Each Disbursement this Period Category/ Type 2900.00 Disbursement For: 2022 Office Sought: House Senate Primary General Transaction ID: SB19A.13332 Other (specify) President Memo Item State: District: Special-Primary Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: House Senate Primary General President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional).....

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

5800.00

5800.00

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

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FOR LINE NUMBER:
(check only one)

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	13b

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				130
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMIC	K FOR CONG	SRESS, IN		ction ID : SC/10.6489
LOAN SOURCE Full Name (Last, First				Election: 2022
CHERFILUS-MCCORMICK,	,		☐ Memo Item	Primary General
Mailing Address 18612 SW 41ST STREET				Other (specify) ▼     Special-Primary
City	State	ZIP Cod	de	Personal Funds of the Candidate
MIRAMAR	FL	33029		
Original Amount of Loan	Cumulative	Payment To	Date Bala	ance Outstanding at Close of This Period
7.00		,	0.00	7.00
TERMS Date Incurred		Date Due	Interest Rate (If none, enter	
M 06 O1 V Y Y Y Y Y Y	M M / D		/ 13/2023	00 % (apr) Yes X No
List All Endorsers or Guarantors (if a	ny) to Loan Sou	rce		
1. Full Name (Last, First, Middle Initial	l)		Name of Employer	
Mailing Address			Occupation	
			Amount	
City	te ZIP Code	!	Guaranteed Outstanding:	g - 1 - 1 - g - 1 x - 1
2. Full Name (Last, First, Middle Initial)	l		Name of Employer	
Mailing Address			Occupation	
			Amount	
City	te ZIP Code	!	Guaranteed Outstanding:	7 7 7
3. Full Name (Last, First, Middle Initial)	1		Name of Employer	
Mailing Address			Occupation	
			Amount	
City	te ZIP Code	!	Guaranteed Outstanding:	y y w
4. Full Name (Last, First, Middle Initial)	'		Name of Employer	
Mailing Address			Occupation	
			Amount	
City	te ZIP Code	1	Guaranteed Outstanding:	7
SUBTOTALS This Period This Page (option	onal)		<u>-</u>	7.00
TOTALS This Period (last page in this line	e only)		······	
Carry outstanding balance only to LINE 3	3, Schedule D, for	this line. If	no Schedule D, carry for	ward to appropriate line of Summary.

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

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FOR LINE NUMBER: (check only one)

13b Transaction ID: SC/10.6490 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET Special-Primary City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 0.00 06 2021 01/13/2023 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

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FOR LINE NUMBER: (check only one)

13b Transaction ID: SC/10.6491 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET Special-Primary City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 0.00 01/13/2023 06 2021 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... - 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.

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

PAGE 65 OF FOR LINE NUMBER: **X** | 13a (check only one)

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13b Transaction ID: SC/10.6492 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General X Other (specify) Mailing Address 18612 SW 41ST STREET Special-Primary City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 0.00 06 01/13/2023 2021 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

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**X** 13a

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	ME OF COMMITTEE (In Full) HEILA CHERFILUS MCCORN	ИICK F	OR CONGRE	SS, IN		action ID : SC/10.7308	
	LOAN SOURCE Full Name (Last,	First, Mic	ddle Initial)		Memo Iter	Election: 2022	
	CHERFILUS-MCCORMIC	□ Memo iter	Primary General				
	Mailing Address 18612 SW 41ST STREET					X Other (specify) ▼     Special-Primary	
	City		State FL	ZIP Co 33029		Personal Funds of the Candidate	
-	MIRAMAR						
	Original Amount of Loan 5000	00	Cumulative Pay	ment lo	0.00	lance Outstanding at Close of This Period 5000.00	
-	9 9	.00	7			7 7	
	TERMS Date Incurred			ate Due	Interest Ra (If none, ent		
	07 08 7 2021	Y	M M / D D		2/31/2025 Y	0.00 % (apr) Yes X No	
	List All Endorsers or Guarantors	(if any) t	o Loan Source				
	1. Full Name (Last, First, Middle Ir	nitial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9 9	
Ī	2. Full Name (Last, First, Middle Ini	itial)			Name of Employer		
	Mailing Address				Occupation  Amount Guaranteed Outstanding:  Name of Employer  Occupation		
	City	State	ZIP Code				
-	3. Full Name (Last, First, Middle Ini	l itial)					
	Mailing Address						
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	7	
Ī	4. Full Name (Last, First, Middle Ini	itial)	!		Name of Employer		
	Mailing Address				Occupation		
				Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	7	
SL	JBTOTALS This Period This Page (c	optional).				5000.00	
TC	<b>DTALS</b> This Period (last page in this	line only	/)				
C	arry outstanding balance only to LIN	NE 3, Sch	nedule D, for this	s line. If	no Schedule D, carry fo	rward to appropriate line of Summary.	

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

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**X** 13a

			130		
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK	FOR CONGRE	Transaction ID : SC/10.7309			
LOAN SOURCE Full Name (Last, First, N		Floation: 2000			
CHERFILUS-MCCORMICK, SI	Memo Item Primary General				
Mailing Address 18612 SW 41ST STREET		Other (specify) ▼ Special-Primary			
City	State	ZIP Code    33029   X   Personal Funds of the control of the contr	ne Candidate		
MIRAMAR	FL	33029			
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of			
25000.00	<u> </u>	0.00	5000.00		
TERMS Date Incurred	[	Date Due Interest Rate Secu (If none, enter 0)	ured:		
07 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	/ 12/31/2025 O.00 % (apr)	Yes X No		
List All Endorsers or Guarantors (if any)	to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation	Amount		
City	ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation	Amount		
City State	ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer	Name of Employer  Occupation		
Mailing Address		Occupation			
		Amount	$\neg$		
City State	ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount	$\overline{}$		
City	ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optiona	)	25	000 00		
The state of the s	,	25	000.00		
TOTALS This Period (last page in this line of	ly)	<b>•</b>			
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of	Summary.		

Use separate schedule(s) for each category of the

PAGE 68 OF FOR LINE NUMBER: (check only one)

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**X** 13a Detailed Summary Page 13b Transaction ID: SC/10.7310 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General X Other (specify) Mailing Address 18612 SW 41ST STREET Special-Primary City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 0.00 12/31/2025 07 2021 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

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13b Transaction ID: SC/10.7311 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET Special-Primary City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 0.00 07 2021 12/31/2025 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

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FOR LINE NUMBER: (check only one)

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		130
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK F	OR CONGRE	Transaction ID : SC/10.7312 ESS. INC
LOAN SOURCE Full Name (Last, First, Mi		Floation: 2000
CHERFILUS-MCCORMICK, SH	Memo Item Primary General	
Mailing Address 18612 SW 41ST STREET	X Other (specify) ▼     Special-Primary	
City	State	ZIP Code    33029   X   Personal Funds of the Candidate
MIRAMAR	FL	33029
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
45000.00		0.00 45000.00
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)
M M / D D / Y Y Y Y Y Y 2021	M M / D D	/ 12/31/2025 O.00 % (apr) Yes No
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		45000.00
The street this street this tage (optional)		45000.00
TOTALS This Period (last page in this line on	y)	······································
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE NUMBER: (check only one)

				,9-			13b	
NAME OF COMMITTEE (In Full)			Transaction ID : SC/10.7313					
SHEILA CHERFILUS MCCORMICK F	OR CONGRE	SS, INC						
LOAN SOURCE Full Name (Last, First, Mic	ILEIII	tion: 2022						
CHERFILUS-MCCORMICK, SH			Primary General					
Mailing Address 18612 SW 41ST STREET		Other (specify) ▼ Special-Primary						
City	State	<b>)</b>						
MIRAMAR	FL 33029				Personal Fund	ls of the Ca	ındidate	
Original Amount of Loan	Cumulative Pay	Date Balance Outstanding at Close of This Period						
60000.00	60000.00			0.00 60000.00				
TERMS Date Incurred	D	ate Due	Interes (If none	t Rate , enter 0)		Secured:		
M 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D		1/2025	0.00	% (apr)	Yes	X No	
List All Endorsers or Guarantors (if any) to	o Loan Source							
1. Full Name (Last, First, Middle Initial)				Name of Employer				
Mailing Address			Occupation					
			Amount				1	
City State	ZIP Code		Guaranteed Outstanding:	-	,			
2. Full Name (Last, First, Middle Initial)	'	1	Name of Employer					
Mailing Address			Occupation					
			Amount				1	
City	ZIP Code		Guaranteed Outstanding:	7	7	T (W) T		
3. Full Name (Last, First, Middle Initial)	•	1	Name of Employer					
Mailing Address			Occupation					
		A	Amount				1	
City	ZIP Code		Guaranteed Outstanding:		,			
4. Full Name (Last, First, Middle Initial)		1	Name of Employer					
Mailing Address			Occupation					
		T.	Amount				1	
City State	ZIP Code		Guaranteed Outstanding:	7	7			
SUBTOTALS This Period This Page (optional)						60000.0	0	
TOTALS This Period (last page in this line only				<del>                                      </del>	7 7	23000.0	Ħ	
Carry outstanding balance only to LINE 3. Sch	adula D. for this	line If no	Schedula D. com	v forward t	o appropriate	line of Sum	mar.	

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

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13b Transaction ID: SC/10.7314 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET Special-Primary City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 22368.38 0.00 22368.38 **TERMS** Date Due Interest Rate Secured: Date Incurred (If none, enter 0) 05 0.00 08 2021 12/31/2025 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

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13b Transaction ID: SC/10.7315 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General X Other (specify) Mailing Address 18612 SW 41ST STREET Special-Primary City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 50000.00 0.00 50000.00 **TERMS** Date Due Interest Rate Secured: Date Incurred (If none, enter 0) 09 0.00 08 12/31/2025 2021 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

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FOR LINE NUMBER:
(check only one)

X 13a 13b

NAME OF COMMITTEE (In Full)  Transaction ID : SC/10.7316				
SHEILA CHERFILUS MCCORMICK FOR CONGR	ESS, INC			
LOAN SOURCE Full Name (Last, First, Middle Initial)	☐ Memo Item			
CHERFILUS-MCCORMICK, SHEILA, , ,	Primary  General			
Mailing Address 18612 SW 41ST STREET	Other (specify) ▼     Special-Primary			
City State	ZIP Code			
MIRAMAR FL	33029 Personal Funds of the Candidate			
Original Amount of Loan Cumulative F	ayment To Date Balance Outstanding at Close of This Period			
10000.00	0.00			
TERMS Date Incurred	Date Due Interest Rate Secured: (If none, enter 0)			
M M / D D / Y Y Y Y D M M / D 2021	0.00 % (apr) Yes No			
List All Endorsers or Guarantors (if any) to Loan Source				
1. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount Guaranteed			
City State ZIP Code	Outstanding:			
4. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
	Amount			
City State ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Schedule D, for t	is line. If no Schedule D, carry forward to appropriate line of Summary.			

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

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(check only one)

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NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK	FOR CONGRE	Transaction ID : SC/10.7317 ESS, INC			
LOAN SOURCE Full Name (Last, First, M	Middle Initial)	Mama Itam Election: 2022			
, , , , , , , , , , , , , , , , , , , ,	CHERFILUS-MCCORMICK, SHEILA, , ,				
Mailing Address 18612 SW 41ST STREET		Other (specify) ▼     Special-Primary			
City	State	ZIP Code    33020   X   Personal Funds of the Candidate			
MIRAMAR	FL	33029			
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period			
20000.00	<u> </u>	0.00 20000.00			
TERMS Date Incurred	[	Date Due Interest Rate Secured: (If none, enter 0)			
M 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	12/31/2025 0.00 % (apr) Yes No			
List All Endorsers or Guarantors (if any	) to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	State ZIP Code Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount Guaranteed			
City	ZIP Code	Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount Guaranteed			
City State	ZIP Code	Outstanding:			
4. Full Name (Last, First, Middle Initial)	•	Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optiona	ın.				
COLICIALO TINO I GNOU TINO I AGO (OPTIONA	"/	20000.00			
TOTALS This Period (last page in this line o	nly)	······································			
Carry outstanding balance only to LINE 3, S	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.			

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

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13b Transaction ID: SC/10.7318 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General X Other (specify) Mailing Address 18612 SW 41ST STREET Special-Primary City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 0.00 08 12/31/25 2021 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

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FOR LINE NUMBER: (check only one)

X 13a 13b

NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMI	CK EO		SS INI		ction ID : SC/10.7319	
LOAN SOURCE Full Name (Last, Fire	rst, Midd	lle Initial)		☐ Memo Item	Election: 2022 Primary	
Mailing Address 18612 SW 41ST STREET						
City	8	State	ZIP Cod 33029	de	Personal Funds of the Candidate	
Original Amount of Loan		Cumulative Pay		Date Ba	ance Outstanding at Close of This Period	
52700.00	)	,	,	0.00	52700.00	
TERMS Date Incurred		D	ate Due	Interest Ra (If none, ente		
08 / 23 / Y 2021	M	M / D D	/ Y	2/31/25 <sup>Y</sup> (	0.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if  1. Full Name (Last, First, Middle Initi		Loan Source		Name of Employer		
Mailing Address				Occupation		
Oit.	1-1-	71D O- 1-		Amount Guaranteed		
2. Full Name (Last, First, Middle Initia	State ZIP Code			Outstanding:		
Mailing Address	11)			Occupation Occupation		
maining / tad/coo				Amount		
City	State ZIP Code			Guaranteed Outstanding:	7 7 7	
3. Full Name (Last, First, Middle Initia	al)			Name of Employer		
Mailing Address				Occupation		
City	tate	ZIP Code		Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initia	al)			Name of Employer		
Mailing Address			Occupation			
City	tate	ZIP Code		Amount Guaranteed Outstanding:	7 7 7 7	
SUBTOTALS This Period This Page (opt	tional)			······	52700.00	
TOTALS This Period (last page in this lin	ne only)				, , , , , ,	
Carry outstanding balance only to LINE	3, Sche	dule D, for this	line. If i	no Schedule D, carry for	ward to appropriate line of Summarv.	

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

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		Detailed Summary Page	13b		
IAME OF COMMITTEE (In Full)		Transaction ID	: SC/10.7320		
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC					
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)	Michio Itchi	ion: 2022		
CHERFILUS-MCCORMICK, SH	EILA, , ,		Primary General		
Mailing Address 18612 SW 41ST STREET			Other (specify) <b>▼</b> cial-Primary		
City	State	ZIP Code			
MIRAMAR	FL	33029	Personal Funds of the Candidate		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Ou	utstanding at Close of This Period		
20000.00	2	0.00	20000.00		
TERMS Date Incurred	D	te Due Interest Rate (If none, enter 0)	Secured:		
M 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	/ Y 12/31/25 Y 0.00	% (apr) Yes No		
List All Endorsers or Guarantors (if any) t	o Loan Source				
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
	T ·	Amount Guaranteed			
City	ZIP Code	Outstanding:	7		
2. Full Name (Last, First, Middle Initial)	·	Name of Employer			
Mailing Address		Occupation			
	T	Amount Guaranteed			
City	ZIP Code	Outstanding:	7		
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount Guaranteed			
City	ZIP Code	Outstanding:	7		
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:	7		
SUBTOTALS This Period This Page (optional)					
This relied this rage (optional).			20000.00		
TOTALS This Period (last page in this line only	/)		, , , , , , , , , , , , , , , , , , , ,		
Carry outstanding balance only to LINE 3, Sci	nedule D, for this	line. If no Schedule D, carry forward to	appropriate line of Summary.		

Use separate schedule(s) for each category of the

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**X** | 13a Detailed Summary Page 13b Transaction ID: SC/10.7321 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General X Other (specify) Mailing Address 18612 SW 41ST STREET Special-Primary City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 23000.00 0.00 23000.00 **TERMS** Date Due Interest Rate Secured: Date Incurred (If none, enter 0) 0.00 08 12/31/25 2021 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

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13b Transaction ID: SC/10.7322 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General X Other (specify) Mailing Address 18612 SW 41ST STREET Special-Primary City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 0.00 12/31/25 09 2021 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

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OF

		100
NAME OF COMMITTEE (In Full)		Transaction ID : SC/10.7323
SHEILA CHERFILUS MCCORMICK		·
LOAN SOURCE Full Name (Last, First, MCHERFILUS-MCCORMICK, S	☐ Memo Item	
· ·		General
Mailing Address 18612 SW 41ST STREET		
City	State	ZIP Code  33029  Personal Funds of the Candidate
MIRAMAR		33029
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
75000.00		0.00 75000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	/ Y 12/31/25 Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	<u> </u>	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	<u>'</u>	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional	l)	75000.00
TOTALS This Period (last page in this line o	nly)	······································
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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		135	
NAME OF COMMITTEE (In Full)		Transaction ID : SC/10.7324	
SHEILA CHERFILUS MCCORMICK		· · · · · · · · · · · · · · · · · · ·	
LOAN SOURCE Full Name (Last, First, MCHERFILUS-MCCORMICK, SI	Memo Item Election: 2022 Primary		
Mailing Address	,,,	General	
18612 SW 41ST STREET		Special-Primary	
City	State	ZIP Code    X Personal Funds of the Candidate	
MIRAMAR	FL	33029	
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period	
20000.00		0.00 20000.00	
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)	
09 / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	0.00 % (apr) Yes No	
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	City State ZIP Code Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
CURTOTAL C. This Day 1 This Day 1			
SUBTOTALS This Period This Page (optiona		20000.00	
TOTALS This Period (last page in this line o	าly)	·······	
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.	

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

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FOR LINE NUMBER:
(check only one)

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	13h

SHEILA CHERFILUS MCCORM			SS, IN		ection ID : SC/10.7325	
CHERFILUS-MCCORMICK	Election: 2022 Primary General					
Mailing Address 18612 SW 41ST STREET						
City MIRAMAR	(	State FL	ZIP Cod 33029	de	Personal Funds of the Candidate	
Original Amount of Loan		Cumulative Pay	ment To	Date Ba	lance Outstanding at Close of This Period	
100000.0	00	,	7	0.00	100000.00	
TERMS Date Incurred		D	ate Due	Interest Ra (If none, enter		
09 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y	M / D D	/ Y	2/31/25	% (apr) Yes X No	
List All Endorsers or Guarantors (if	f any) to	Loan Source				
1. Full Name (Last, First, Middle Init	tial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code  Amount Guaranteed Outstanding:			7	
2. Full Name (Last, First, Middle Initia	2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
				Amount		
City	I CITY ISTATE LZIP CODE			Guaranteed Outstanding:	7 7	
3. Full Name (Last, First, Middle Initia	al)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed		
		ZIF Code		Outstanding:	7	
4. Full Name (Last, First, Middle Initial	al)			Name of Employer		
Mailing Address			Occupation			
	<u> </u>	710.0		Amount Guaranteed		
City	State	ZIP Code		Outstanding:	y y y	
SUBTOTALS This Period This Page (op	otional)				100000.00	
TOTALS This Period (last page in this li	ine only)				7 7 7	
Carry outstanding balance only to LINE	E 3. Sche	edule D. for this	line If	no Schedule D. carry for	ward to appropriate line of Summary	

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

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OF

NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMIC	CK FOR CONGRI	Transaction ID : SC/10.7326 ESS, INC			
LOAN SOURCE Full Name (Last, Firs CHERFILUS-MCCORMICK,	Memo Item Election: 2022 Primary General				
Mailing Address 18612 SW 41ST STREET	Mailing Address				
City	State	ZIP Code 33029 Personal Funds of the Candidate			
Original Amount of Loan	Cumulative Pa	lyment To Date Balance Outstanding at Close of This Period			
30000.00		0.00 30000.00			
TERMS Date Incurred		Date Due Interest Rate Secured: (If none, enter 0)			
09 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M - M / B - E	0.00 % (apr) Yes X No			
List All Endorsers or Guarantors (if a 1. Full Name (Last, First, Middle Initia	* *	Name of Employer			
Mailing Address		Occupation			
City	ate ZIP Code	Amount Guaranteed			
2. Full Name (Last, First, Middle Initial)		Outstanding:  Name of Employer			
Mailing Address		Occupation			
		Amount			
City		Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City	ate ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	)	Name of Employer			
Mailing Address		Occupation			
City	ate ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (option	onal)	30000.00			
TOTALS This Period (last page in this line	e only)				
Carry outstanding balance only to LINE	3. Schedule D. for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.			

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

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	13h

NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMIC	CK FOR CON	GRESS, IN		ction ID : SC/10.7327		
LOAN SOURCE Full Name (Last, First CHERFILUS-MCCORMICK)	Election: 2022 Primary					
Mailing Address 18612 SW 41ST STREET	, 0112127, , ,			General  ✓ Other (specify) ▼  Special-Primary		
City MIRAMAR	State FL	ZIP Co 33029		Personal Funds of the Candidate		
Original Amount of Loan		e Payment To		ance Outstanding at Close of This Period		
TERMS Date Incurred		Date Due	0.00 Interest Rat			
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M /			.00 % (apr) Yes No		
List All Endorsers or Guarantors (if and 1. Full Name (Last, First, Middle Initian)		urce	Name of Employer			
Mailing Address			Occupation  Amount			
City	ate ZIP Cod	е	Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,		
Pull Name (Last, First, Middle Initia     Mailing Address	Full Name (Last, First, Middle Initial)  Mailing Address			Name of Employer  Occupation		
City			Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initia	3. Full Name (Last, First, Middle Initial)			,		
Mailing Address			Occupation			
City	ate ZIP Cod	e	Amount Guaranteed Outstanding:	9 9		
Full Name (Last, First, Middle Initial)  Mailing Address			Name of Employer  Occupation			
			Amount			
City	ate ZIP Cod	e 	Guaranteed Outstanding:	9 9		
SUBTOTALS This Period This Page (optional)						
TOTALS This Period (last page in this line only)						
Carry outstanding balance only to LINE	o, ocneaule D, 10	r uns line. If	no schedule D, carry for	waru to appropriate line of Summary.		

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

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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)  Transaction ID : SC/10.7328					
SHEILA CHERFILUS MCCORMICK	FOR CONGRE	ESS, INC			
LOAN SOURCE Full Name (Last, First, N	LOAN SOURCE Full Name (Last, First, Middle Initial)				
CHERFILUS-MCCORMICK, S	CHERFILUS-MCCORMICK, SHEILA, , ,				Primary General
Mailing Address 18612 SW 41ST STREET					Other (specify) ▼ Special-Primary
City	State	ZIP Code			
MIRAMAR	FL	33029			Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pa	yment To Da	ite	Balar	ce Outstanding at Close of This Period
126101.63	l,		0.00		126101.63
TERMS Date Incurred	С	Date Due		st Rate	Secured:
M 09 / 23 / Y Y Y Y Y Y	M M / D D	/ Y Y 12/3	31/25 Y	0.0	0 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source				
Full Name (Last, First, Middle Initial)		N	lame of Employer		
Mailing Address		С	occupation		
		A	mount		
City	ZIP Code	G	duaranteed Outstanding:		, , ,
2. Full Name (Last, First, Middle Initial)	2. Full Name (Last, First, Middle Initial)				
Mailing Address			Occupation		
		A	mount	_	
City State	ZIP Code	_	Suaranteed Outstanding:		9
3. Full Name (Last, First, Middle Initial)	3. Full Name (Last, First, Middle Initial)				
Mailing Address	Mailing Address				
			mount	_	
City	ZIP Code		Suaranteed Outstanding:		y
4. Full Name (Last, First, Middle Initial)			lame of Employer		
Mailing Address			occupation		
			mount		
City	ZIP Code		Guaranteed Outstanding:		9
SUBTOTALS This Period This Page (optional) 126101.63					
TOTALS This Period (last page in this line o	TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, S	chedule D, for this	s line. If no	Schedule D, carr	y forwa	ard to appropriate line of Summary.

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

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OF

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NAME OF COMMITTEE (In Full)	K FOD CONODE	Transaction ID : SC/10.7329	
SHEILA CHERFILUS MCCORMIC		:55, INC	
LOAN SOURCE Full Name (Last, First CHERFILUS-MCCORMICK,	☐ Memo Item		
<u> </u>		General	
Mailing Address 18612 SW 41ST STREET			
City	State FL	ZIP Code  33029  Personal Funds of the Candidate	
MIRAMAR		33029	
Original Amount of Loan	Cumulative Pag		
30000.00		0.00 30000.00	
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)	
M M / D D / Y Y Y Y Y Y 2021	M M / D D	/ 12/31/25 O.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if ar	ny) to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State ZIP Code Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	<u>.</u>	Name of Employer	
Mailing Address		Occupation	
		Amount Guaranteed	
City	te ZIP Code	Outstanding:	
3. Full Name (Last, First, Middle Initial)  Name of Employer			
Mailing Address		Occupation	
		Amount	
City	te ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	te ZIP Code	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	s line. If no Schedule D, carry forward to appropriate line of Summary.	

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

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13b Transaction ID: SC/10.7330 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General X Other (specify) Mailing Address 18612 SW 41ST STREET Special-Primary City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 0.00 09 2021 12/30/25 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

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OF

		130	
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK F	OR CONGRE	Transaction ID : SC/10.9995 ESS. INC	
LOAN SOURCE Full Name (Last, First, Mi		Floation: 2000	
CHERFILUS-MCCORMICK, SH	Memo Item Primary General		
Mailing Address 18612 SW 41ST STREET			
City	State	ZIP Code    X   Personal Funds of the Candidate	
MIRAMAR	FL	33029	
Original Amount of Loan	Cumulative Page	yment To Date Balance Outstanding at Close of This Period	
40000.00		0.00 40000.00	
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)	
09 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	/ 12/30/2025 0.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any)	to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)  Name of Employer			
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	4. Full Name (Last, First, Middle Initial)  Name of Employer		
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
CLIDTOTAL C This Davied This Davis (subtract)			
SUBTOTALS This Period This Page (optional) 40000.00			
TOTALS This Period (last page in this line onl	y)		
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.	

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

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13b Transaction ID: SC/10.7331 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General X Other (specify) Mailing Address 18612 SW 41ST STREET Special-Primary City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 0.00 12/31/25 10 2021 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

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OF

		135	
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK F	OR CONGRE	Transaction ID : SC/10.7332	
LOAN SOURCE Full Name (Last, First, Mi		— Floation: 2000	
CHERFILUS-MCCORMICK, SH	Memo Item Primary General		
Mailing Address 18612 SW 41ST STREET		Other (specify) ▼ Special-Primary	
City	State	ZIP Code  Region Personal Funds of the Candidate	
MIRAMAR	FL	33029	
Original Amount of Loan	Cumulative Pa		
50000.00		0.00 50000.00	
TERMS Date Incurred		ate Due Interest Rate Secured: (If none, enter 0)	
10 04 Y Y Y Y Y Y Y Y	M M / D D	/ Y 12/31/25 Y 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	
		Amount	
City	City State ZIP Code Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	ZID Code	Amount Guaranteed	
City State	ZIP Code	Outstanding:	
3. Full Name (Last, First, Middle Initial)  Name of Employer			
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed	
,	ZIP Code	Outstanding:	
4. Full Name (Last, First, Middle Initial)  Name of Employer			
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed	
Oity	Zii Oode	Outstanding:	
SUBTOTALS This Period This Page (optional)		50000.00	
TOTALS This Period (last page in this line onl	y)		
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.	

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

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		100		
NAME OF COMMITTEE (In Full)		Transaction ID : SC/10.7333		
SHEILA CHERFILUS MCCORMICK		·		
LOAN SOURCE Full Name (Last, First, M CHERFILUS-MCCORMICK, SI	☐ Memo Item			
Mailing Address 18612 SW 41ST STREET		General  ✓ Other (specify) ▼  Special-Primary		
City	State	ZIP Code    33029   Personal Funds of the Candidate		
MIRAMAR	FL	33029 Personal Funds of the Candidate		
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period		
18000.00		0.00 18000.00		
TERMS Date Incurred	]	Date Due Interest Rate Secured: (If none, enter 0)		
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	/ Y 12/31/25 Y 0.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any)	to Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	State ZIP Code Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
	1	Amount Guaranteed		
City	ZIP Code	Outstanding:		
3. Full Name (Last, First, Middle Initial)  Name of Employer				
Mailing Address		Occupation		
		Amount Guaranteed		
City State	ZIP Code	Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
	710.0	Amount Guaranteed		
City	ZIP Code	Outstanding:		
CURTOTAL C This David This David (and the				
SUBTOTALS This Period This Page (optional)   18000.00				
TOTALS This Period (last page in this line or	nly)	······································		
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.		

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

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174

13b Transaction ID: SC/10.7334 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General X Other (specify) Mailing Address 18612 SW 41ST STREET Special-Primary City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 20000.00 0.00 20000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 12/31/25 10 2021 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 20000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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13b Transaction ID: SC/10.7335 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET Special-Primary City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 08 0.00 12/31/25 10 2021 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

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174

13b Transaction ID: SC/10.9990 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General X Other (specify) Mailing Address 18612 SW 41ST STREET Special-Primary City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 341000.00 0.00 341000.00 **TERMS** Date Due Interest Rate Secured: Date Incurred (If none, enter 0) 23 0.00 12/31/2023 10 2021 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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13b Transaction ID: SC/10.10669 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General X Other (specify) Mailing Address 18612 SW 41ST STREET Special-Primary City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 26 0.00 12/31/2023 10 2021 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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OF

		100	
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK F		Transaction ID : SC/10.10670	
		·	
LOAN SOURCE Full Name (Last, First, M CHERFILUS-MCCORMICK, SH	Memo Item Election: 2022 Primary		
Mailing Address 18612 SW 41ST STREET	General  ✓ Other (specify) ▼  Special-Primary		
City	State	ZIP Code    33029   X Personal Funds of the Candidate	
MIRAMAR	FL	33029	
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period	
7200.00		0.00 7200.00	
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)	
10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	/ Y2/31/2023 0.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any)	to Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	City State ZIP Code Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)  Name of Employer			
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)  Name of Employer			
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	
SURTOTALS This Period This Page (entiage)			
SUBTOTALS This Period This Page (optional) 7200.00			
TOTALS This Period (last page in this line on	ly)	· · · · · · · · · · · · · · · · · · ·	
Carry outstanding balance only to LINE 3, So	hedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.	

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		100
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMIC	K FOR CONGRI	Transaction ID : SC/10.10671 ESS, INC
LOAN SOURCE Full Name (Last, First		Floation: 2000
CHERFILUS-MCCORMICK,	Memo Item Primary General	
Mailing Address 18612 SW 41ST STREET		
City	State	ZIP Code  33029  Personal Funds of the Candidate
MIRAMAR		33023
Original Amount of Loan	Cumulative Pa	ayment To Date Balance Outstanding at Close of This Period
2700.00		0.00 2700.00
TERMS Date Incurred		Date Due Interest Rate Secured: (If none, enter 0)
10 / 27 / Y Y Y Y Y Y Y	M M / D C	12/31/2023 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if ar	ny) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	te ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	te ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)  Name of Employer		
Mailing Address		Occupation
		Amount
City	te ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)  Name of Employer		
Mailing Address		Occupation
		Amount
City	te ZIP Code	Guaranteed Outstanding:
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TOTALS This Period (last page in this line	,	
Carry outstanding balance only to LINE 3	, Schedule D, for thi	is line. If no Schedule D, carry forward to appropriate line of Summary.

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OF

		130		
NAME OF COMMITTEE (In Full)		Transaction ID : SC/10.8179		
SHEILA CHERFILUS MCCORMICK F		:55, INC		
LOAN SOURCE Full Name (Last, First, Mi	☐ Memo Item			
CHERFILUS-MCCORMICK, SH	IEILA, , ,	Primary  General		
Mailing Address 18612 SW 41ST STREET				
City	State	ZIP Code    X   Personal Funds of the Candidate		
MIRAMAR	FL	33029		
Original Amount of Loan	Cumulative Page	yment To Date Balance Outstanding at Close of This Period		
50000.00		0.00 50000.00		
TERMS Date Incurred	С	Date Due Interest Rate Secured: (If none, enter 0)		
10 28 / Y Y Y Y Y Y Y	M M / D D	/ 12/31/2024 0.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	1	Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)	SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)▶				
Carry outstanding balance only to LINE 3, So	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.		

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SHEILA CHERFILUS MCCOR			SS, IN		Election: 2022	
LOAN SOURCE Full Name (Last, First, Middle Initial)  CHERFILUS-MCCORMICK, SHEILA, , ,				Primary  General		
Mailing Address 18612 SW 41ST STREET	Mailing Address				Other (specify) ▼ Special-General	
City		State	ZIP Co	de	Personal Funds of the Candidate	
MIRAMAR		FL	33029		reisonal runus of the Candidate	
Original Amount of Loan		Cumulative Pay	yment To	Date Bal	ance Outstanding at Close of This Period	
290000	0.00	7		0.00	290000.00	
TERMS Date Incurred		D	ate Due	Interest Ra (If none, ente		
11 04 Y Y 2021	Υ	M M / D D	/ Y	2/31/2024	.00 % (apr) Yes X No	
List All Endorsers or Guarantors		o Loan Source				
Full Name (Last, First, Middle I	nitial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code Amount Guaranteed Outstanding:		Guaranteed	7	
2. Full Name (Last, First, Middle In	2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
	1	T		Amount Guaranteed		
City	City State ZIP Code		Outstanding:	7		
3. Full Name (Last, First, Middle Ir	nitial)			Name of Employer		
Mailing Address				Occupation		
City	City State ZIP Code		Amount Guaranteed			
		Zii Oode		Outstanding:	7	
4. Full Name (Last, First, Middle Ir	nitial)			Name of Employer		
Mailing Address		Occupation				
		Amount Guaranteed				
				Outstanding:	9 9	
SUBTOTALS This Period This Page (	optional)			·····	290000.00	
TOTALS This Period (last page in this	s line only	·) ·······			, ,	
Carry outstanding balance only to LI	NE 3. Sch	nedule D. for this	s line. If	no Schedule D. carry for	ward to appropriate line of Summary.	

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JAME OF COMMITTEE (In Full)			Transa	ction ID : SC/10.8181	
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMIC	K FOR CONG	RESS, INC		CHOIL D. 30/10.0101	
LOAN SOURCE Full Name (Last, First		·	Memo Item	Election: 2022	
CHERFILUS-MCCORMICK,	Primary  General				
Mailing Address 18612 SW 41ST STREET			Other (specify) ▼     Special-General		
City	State	ZIP Coc 33029	de	Personal Funds of the Candidate	
MIRAMAR  Original Amount of Loop			Data Rai	ance Outstanding at Close of This Period	
Original Amount of Loan Cumulative Payment 1  105000.00			0.00	105000.00	
TERMS Date Incurred		Date Due	Interest Rat (If none, ente	te Secured:	
M M / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D		/31/2024 O	0.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if a	nv) to Loan Sou	rce			
1. Full Name (Last, First, Middle Initial)	* *		Name of Employer		
Mailing Address			Occupation		
			Amount		
City	te ZIP Code		Guaranteed Outstanding:	9 9	
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City Sta	te ZIP Code		Amount Guaranteed		
	211 0000	,		7	
3. Full Name (Last, First, Middle Initial) Name of Employer					
Mailing Address			Occupation		
City	te ZIP Code	•	Amount Guaranteed		
, and the second			Outstanding:  Name of Employer	· · · · · · · · · · · · · · · · · · ·	
Mailing Address Occupation					
		-	Amazint		
City	te ZIP Code	)	Amount Guaranteed Outstanding:	7	
SUBTOTALS This Period This Page (optional)					
Carry outstanding balance only to LINE 3	, Schedule D. for	this line. If r	no Schedule D. carry for	ward to appropriate line of Summarv.	

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	ME OF COMMITTEE (In Full) HEILA CHERFILUS MCCOR			ESS, IN	С	Election: 2022	
	LOAN SOURCE Full Name (Last, First, Middle Initial)  CHERFILUS-MCCORMICK, SHEILA, , ,						
	Mailing Address   18612 SW 41ST STREET   Special-General						
	City MIRAMAR		State FL	ZIP Co 33029		Personal Funds of the Candidate	
	Original Amount of Loan		Cumulative Pay	yment To	Date Ba	alance Outstanding at Close of This Period	
	40000.00				0.00 40000.00		
	TERMS Date Incurred Date Du			Date Due	Interest Ra (If none, ent		
	12 / 13 / Y Y Y 2021	Y	M M / D D	/ Y	2/31/2024	0.00 % (apr) Yes X No	
	List All Endorsers or Guarantors	(if any) t	o Loan Source				
	1. Full Name (Last, First, Middle	Initial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9 9	
	Full Name (Last, First, Middle Initial)  Mailing Address				Name of Employer  Occupation  Amount  Oursepted		
	City	State	ZIP Code		Guaranteed Outstanding:	9 9	
	3. Full Name (Last, First, Middle Initial)  Name of Employer						
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	9 9	
4. Full Name (Last, First, Middle Initial) Name of E				Name of Employer			
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:		
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Ιc	arry outstanding balance only to L	INE 3. Sch	nedule D. for this	s line. If	no Schedule D, carry fo	rward to appropriate line of Summary.	

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Transaction ID: SC/10.10000 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET Special-General City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 26000.00 0.00 26000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 12 2021 12/31/2024 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 26000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one)

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		100			
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK	FOR CONGRE	Transaction ID : SC/10.8184 ESS, INC			
		Floation: 2000			
CHERFILUS-MCCORMICK, SHEILA, , ,					
Mailing Address 18612 SW 41ST STREET		Other (specify) ▼     Special-General			
City	State	ZIP Code    33020   X   Personal Funds of the Candidate			
MIRAMAR	FL	33029			
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period			
70000.00		2900.00 67100.00			
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)			
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	0.00 % (apr) Yes No			
List All Endorsers or Guarantors (if any)	to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	'	Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	•	Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)					
o i i constanti di managina					
TOTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.			

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

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					Detailed Carrinary 1	age	13b
NAME OF COMMITTEE (In Full)				Transaction ID : SC/10.8185			
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC							
1	LOAN SOURCE Full Name (Last, First, Middle Initial)				☐ Memo Ite		
- 10	CHERFILUS-MCCORMIC	K. SH	EILA			Primary	
<u> </u>		, -	, , ,			General	
	Mailing Address 18612 SW 41ST STREET					Other (specify)	
(	City		State	ZIP Cod	е	V Paradal Fredhad tha	011-1-1-
N	MIRAMAR		FL	33029		Personal Funds of the (	Jandidate
	Original Amount of Loan Cumulative Payment To [			Date B	alance Outstanding at Close of T	his Period	
	10000.00				0.00	10000	).00
-	TERMS Date Incurred		, D	ate Due	Interest R	ate Secured	:
	M M / D D / Y Y Y	V	M M / D D	/ V	(If none, er		
	01 18 2022	ا ك	/ 5 5	12/	31/2024 Y	0.00 % (apr) Yes	$X_{No}$
I	List All Endorsers or Guarantors (	if any) t	o Loan Source				
	1. Full Name (Last, First, Middle In	itial)			Name of Employer		
	Mailing Address				Occupation		
					Amount		_
	City	State	ZIP Code		Guaranteed Outstanding:	7 7 7	_
Full Name (Last, First, Middle Initial)  Mailing Address				Name of Employer			
				Occupation			
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	y y y	
3. Full Name (Last, First, Middle Initial)			Name of Employer				
	Mailing Address				Occupation		
					Amount		
	City	State	ZIP Code		Guaranteed Outstanding:	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
4	4. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address			Occupation				
				Amount			
	City	State	ZIP Code		Guaranteed Outstanding:	7 7 7	_
SUI	SUBTOTALS This Period This Page (optional)						
	TOTALS This Period (last page in this line only)						
Ca	Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.						

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

PAGE 106 OF FOR LINE NUMBER: **X** 13a (check only one)

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13b Transaction ID: SC/10.8186 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 20000.00 0.00 20000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 01 2022 12/31/2024 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 20000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE NUMBER:
(check only one)

13a

		100		
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK F		Transaction ID : SC/10.8187		
		·		
LOAN SOURCE Full Name (Last, First, Mi CHERFILUS-MCCORMICK, SH	☐ Memo Item			
Mailing Address 18612 SW 41ST STREET		General Other (specify) ▼		
City	State	ZIP Code    X   Personal Funds of the Candidate		
MIRAMAR	FL	33029		
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period		
15000.00		0.00 15000.00		
TERMS Date Incurred	С	late Due Interest Rate Secured: (If none, enter 0)		
M M / D D / Y Y Y Y Y 2022	M M / D D	/ 12/31/2024		
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)  Name of Employer				
Mailing Address		Occupation		
		Amount Guaranteed		
City State	ZIP Code	Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
	T	Amount		
City State	ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)				
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.		

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

PAGE 108 OF FOR LINE NUMBER: **X** 13a (check only one)

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13b Transaction ID: SC/10.8873 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 0.00 12/31/2023 02 2022 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

PAGE 109 OF FOR LINE NUMBER: **X** 13a (check only one)

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13b Transaction ID: SC/10.8874 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 09 0.00 12/31/2023 02 2022 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

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FOR LINE NUMBER: (check only one)

			Detailed Garrinary	, rage		13b	
NAME OF COMMITTEE (In Full)			Tra	nsaction ID : SC/10.887	5		
SHEILA CHERFILUS MCCORMICK F							
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		☐ Memo				
CHERFILUS-MCCORMICK, SH	EILA, , ,			Y Primary General			
Mailing Address 18612 SW 41ST STREET				Other (specif	y) <b>▼</b>		
City	State	ZIP Code	<b>)</b>				
MIRAMAR	FL	33029		Personal Fu	ınds of the Car	ndidate	
Original Amount of Loan	Cumulative Pag	yment To D	ate	Balance Outstanding at	t Close of This	Period	
10000.00			0.00		10000.00	)	
TERMS Date Incurred		Date Due	Interest		Secured:		
M M / D / Y Y Y	M M / D D	/ Y Y	(If none, 31/2023	0.00			
02 14 2022		12/3	31/2023	% (apr)	Yes	No No	
List All Endorsers or Guarantors (if any) t	o Loan Source		Name of Employer				
1. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		(	Occupation				
			Amount				
City	ZIP Code		Guaranteed Outstanding:	7			
2. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		-	Occupation				
			Amount				
City State	ZIP Code		Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
			Amount				
City State	ZIP Code		Guaranteed Outstanding:	7 7			
4. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		(	Occupation				
			Amount				
City	ZIP Code	-	Guaranteed Outstanding:	7			
SUBTOTALS This Period This Page (optional)			······•		10000.00	)	
TOTALS This Period (last page in this line only	y)		······	7	7		
Carry outstanding balance only to LINE 3, Sci	hedule D. for this	s line. If no	Schedule D. carry	forward to appropriat	e line of Sumi	marv.	

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

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FOR LINE NUMBER: (check only one)

			Detailed Garrina	y rago		13b	
NAME OF COMMITTEE (In Full)			Tra	ansaction ID : SC/10	.8876		
SHEILA CHERFILUS MCCORMICK	ESS, INC						
LOAN SOURCE Full Name (Last, First, I	Middle Initial)		☐ Memo		)22		
CHERFILUS-MCCORMICK, S	HEILA, , ,			Y Primary General			
Mailing Address 18612 SW 41ST STREET				Other (sp	pecify) 🔻		
City	State	ZIP Code					
MIRAMAR	FL	33029		X Persona	al Funds of the Ca	ındidate	
Original Amount of Loan	Cumulative Pa	ayment To Da	ate	Balance Outstandir	ng at Close of This	s Period	
1000.00			0.00		1000.0	00	
TERMS Date Incurred		Date Due	Interest	t Rate	Secured:		
M M / D D / Y Y Y Y	M M / D D	D / Y Y	(If none,	, enter 0)			
15 2022		12/3	1/2023	0.00 % (ap	or) Yes	X No	
List All Endorsers or Guarantors (if any	) to Loan Source						
1. Full Name (Last, First, Middle Initial)		١	lame of Employer				
Mailing Address		(	Occupation				
			Amount			1	
City	ZIP Code		Guaranteed Outstanding:	7 7		J	
2. Full Name (Last, First, Middle Initial)		١	Name of Employer				
Mailing Address		(	Occupation				
			Amount Guaranteed			1	
City	ZIP Code		Outstanding:	yy			
3. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(	Occupation				
			Amount			1	
City	ZIP Code		Guaranteed Outstanding:	7 7		1	
4. Full Name (Last, First, Middle Initial)		١	Name of Employer				
Mailing Address		(	Occupation				
		A	Amount			1	
City	ZIP Code		Guaranteed Outstanding:	7 7			
SUBTOTALS This Period This Page (optional	ı)				1000.0	0	
TOTALS This Period (last page in this line of			<u>_</u>		1000.0		
					-		
Carry outstanding balance only to LINE 3, 5	Schedule D, for thi	is line. If no	Schedule D, carry	forward to approx	oriate line of Sum	ımary.	

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

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NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMI	ICK FO	R CONGRE	SS IN		ction ID : SC/10.8877			
LOAN SOURCE Full Name (Last, Fire CHERFILUS-MCCORMICK	rst, Middl	le Initial)	00, 114	☐ Memo Item	Election: 2022  Primary			
Mailing Address 18612 SW 41ST STREET	., 01121	, , ,			General Other (specify)			
City MIRAMAR	S	tate FL	ZIP Cod 33029	de	Personal Funds of the Candidate			
Original Amount of Loan		Cumulative Pay	ment To	Date Bala	ance Outstanding at Close of This Period			
35000.00	0	,		0.00	35000.00			
TERMS Date Incurred		D	ate Due	Interest Rat (If none, ente				
02 17 2022	M	- м / Б - Б	/ 12	/31/2023 0	.00 % (apr) Yes No			
List All Endorsers or Guarantors (if  1. Full Name (Last, First, Middle Init)		Loan Source		Name of Employer				
Mailing Address				Occupation				
				Amount				
City	tate	ZIP Code		Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Initia	al)			Name of Employer				
Mailing Address				Occupation				
City	itate	ZIP Code		Amount Guaranteed Outstanding:				
3. Full Name (Last, First, Middle Initia	al)	I		Name of Employer				
Mailing Address				Occupation				
City	itate	ZIP Code		Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initia	al)	ļ.		Name of Employer				
Mailing Address	Mailing Address			Occupation				
City	tate	ZIP Code		Amount Guaranteed Outstanding:	7 7			
SUBTOTALS This Period This Page (opt	tional)				35000.00			
TOTALS This Period (last page in this li	ne only) .				, ,			
Carry outstanding balance only to LINE	3, Sched	dule D, for this	line. If	no Schedule D, carry for	ward to appropriate line of Summarv.			

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

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FOR LINE NUMBER: (check only one)

			Detailed Summary	y Page			13b
NAME OF COMMITTEE (In Full)	Tra	nsaction	ID : SC/10.8878				
SHEILA CHERFILUS MCCORMICK F	SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC						
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo	iteiii	ection: 2022		
CHERFILUS-MCCORMICK, SH	EILA, , ,				Primary General		
Mailing Address 18612 SW 41ST STREET					Other (specify) ▼		
City	State	ZIP Code	)		7		
MIRAMAR	FL	33029			Personal Funds of the	Can	ıdidate
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance	Outstanding at Close of	This	Period
5000.00			0.00		500	0.00	1
TERMS Date Incurred	M M / D D	ate Due	Interest (If none,	Rate enter 0)	Secure	d:	
03 01 7 2022	M M / D D		31/2023	0.00	<b>%</b> (apr) Ye	s	X No
List All Endorsers or Guarantors (if any) to	o Loan Source						
Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(	Occupation				
			Amount Guaranteed				
City	ZIP Code		Outstanding:				
2. Full Name (Last, First, Middle Initial)		I	Name of Employer				
Mailing Address		(	Occupation				
	T	-	Amount Guaranteed				
City	ZIP Code		Outstanding:	7	7		
3. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(	Occupation				
		-	Amount Guaranteed				
City	ZIP Code		Outstanding:	7	7		
4. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(	Occupation				
		ļ.,	Amount				
City	ZIP Code		Guaranteed Outstanding:	7	9		
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TOTALS This Period (last page in this line only	/)		······		7		
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	s line. If no	Schedule D, carry	forward	to appropriate line of S	umn	nary.

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

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FOR LINE NUMBER: (check only one)

13b Transaction ID: SC/10.8879 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 37000.00 0.00 37000.00 **TERMS** Date Due Interest Rate Secured: Date Incurred (If none, enter 0) 03 0.00 03 12/31/2023 2022 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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13b Transaction ID: SC/10.8880 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 20000.00 0.00 20000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 18 0.00 12/31/2023 03 2022 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 20000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

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						130			
	ME OF COMMITTEE (In Full) HEILA CHERFILUS MCCORN	ИICK F	OR CONGRE	SS, IN		ction ID : SC/10.8881			
	LOAN SOURCE Full Name (Last, I	First, Mic	ddle Initial)		Memo Item	Election: 2022			
	CHERFILUS-MCCORMIC				□ Memo item	Primary General			
	Mailing Address 18612 SW 41ST STREET					Other (specify)			
	City		State	ZIP Co		Personal Funds of the Candidate			
-	MIRAMAR		FL	33029		T ersonal r unus or the Candidate			
	Original Amount of Loan		Cumulative Pay	yment To	Date Bal	ance Outstanding at Close of This Period			
	5000	.00	9		0.00	5000.00			
	TERMS Date Incurred		D	ate Due	Interest Ra (If none, ente				
	M 03 / D D / Y Y 2022	Y	M M / D D		2/31/2023	0.00 % (apr) Yes No			
	List All Endorsers or Guarantors (if any) to Loan Source								
	1. Full Name (Last, First, Middle Ir	nitial)			Name of Employer				
_	Mailing Address				Occupation				
					Amount Guaranteed				
	City	State	ZIP Code		Outstanding:				
	2. Full Name (Last, First, Middle Ini	itial)			Name of Employer				
-	Mailing Address				Occupation				
	City	State	ZIP Code		Amount Guaranteed Outstanding:				
-	3. Full Name (Last, First, Middle Ini	itial)			Outstanding:  Name of Employer				
	o. Full Name (Last, Flist, Middle III	πιαι							
	Mailing Address				Occupation				
-	City	State	ZIP Code		Amount Guaranteed Outstanding:				
ŀ	4. Full Name (Last, First, Middle Ini	l itial)			Name of Employer				
	Mailing Address			Occupation					
					Amount				
	City State ZIP Code				Guaranteed Outstanding:	7 7			
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TC	OTALS This Period (last page in this	line only	/)			9 9			
			andolo B. C		no Cohod II D	y y			
C	arry outstanding balance only to LIN	v⊨ 3, Sch	nedule D, for this	s line. If	no Schedule D, carry for	ward to appropriate line of Summary.			

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

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13b Transaction ID: SC/10.9443 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 0.00 12/31/2023 04 2022 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

PAGE 118 OF FOR LINE NUMBER: **X** | 13a (check only one)

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13b Transaction ID: SC/10.9444 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 0.00 2022 12/31/2023 04 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

PAGE 119 OF FOR LINE NUMBER: **X** | 13a (check only one)

174

13b Transaction ID: SC/10.9446 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 0.00 2022 12/31/2023 04 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

PAGE 120 OF FOR LINE NUMBER: **X** 13a (check only one)

174

13b Transaction ID: SC/10.9447 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 0.00 12/31/2023 04 2022 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

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FOR LINE NUMBER: (check only one)

			Detailed Garrinar	y rage			13b
NAME OF COMMITTEE (In Full)			Tra	nsaction ID	: SC/10.9448		
SHEILA CHERFILUS MCCORMICK F							
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		Memo	item	on: 2022		
CHERFILUS-MCCORMICK, SH	EILA, , ,				rimary General		
Mailing Address 18612 SW 41ST STREET					Other (specify)		
City	State	ZIP Code	<del></del>				
MIRAMAR	FL	33029			Personal Funds of th	e Cano	didate
Original Amount of Loan	Cumulative Pag	yment To D	ate	Balance Ou	tstanding at Close o	f This [	Period
10000.00			0.00		100	00.00	П
TERMS Date Incurred		Date Due	Interest		Secu	red:	
M M / D / Y Y Y	M M / D D	) / Y Y	(If none, 31/2023	enter 0) 0.00	1 –		7
05 11 2022		12/3	11/2023	0.00	% (apr)	Yes >	S No
List All Endorsers or Guarantors (if any) t	to Loan Source		Name of Employer				
Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
		<u> </u>	Amount			-	
City	ZIP Code		Guaranteed Outstanding:	7	, , , , , ,	_	
2. Full Name (Last, First, Middle Initial)	<u> </u>		Name of Employer				
Mailing Address		-	Occupation				
			Amount			_	
City State	ZIP Code	<u> </u>	Guaranteed Outstanding:	-			
3. Full Name (Last, First, Middle Initial)	l .		Name of Employer				
Mailing Address		•	Occupation				
			Amount			_	
City State	ZIP Code		Guaranteed Outstanding:	7		_	
4. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address	Mailing Address						
			Amount			_	
City State	ZIP Code		Guaranteed Outstanding:	7	-	_	
	'						_
SUBTOTALS This Period This Page (optional)			·····		100	00.00	
TOTALS This Period (last page in this line only	y)		······		7		
Carry outstanding balance only to LINE 3, Sc	hedule D. for this	s line. If no	Schedule D. carry	forward to	appropriate line of	Summ	narv.

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

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FOR LINE NUMBER: (check only one)

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			Detailed Garrinary	y rage		13b	
NAME OF COMMITTEE (In Full)			Tra	insaction ID : SC/10	.9449		
SHEILA CHERFILUS MCCORMICK F							
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		Memo		)22		
CHERFILUS-MCCORMICK, SH	EILA, , ,			Y Primary General			
Mailing Address 18612 SW 41ST STREET				Other (sp	pecify) ▼		
City	State	ZIP Code	<del></del>				
MIRAMAR	FL	33029		X Persona	al Funds of the Ca	ındidate	
Original Amount of Loan	Cumulative Pa	yment To D	ate	Balance Outstanding	ng at Close of This	s Period	
1000.00			0.00		1000.0	)0	
TERMS Date Incurred	, ,	Date Due	Interest	Rate	Secured:		
M M / D D / Y Y Y	M M / D D	/ <b>Y</b>	(If none,	enter 0)			
05 13 2022		12/3	81/2023 Y	0.00 <b>%</b> (a)	or) Yes	X No	
List All Endorsers or Guarantors (if any) t	to Loan Source						
1. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		•	Occupation				
			Amount			1	
City	ZIP Code		Guaranteed Outstanding:	7 7		J	
2. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		(	Occupation				
			Amount			1	
City	ZIP Code		Guaranteed Outstanding:	7 7			
3. Full Name (Last, First, Middle Initial)	<u>'</u>		Name of Employer				
Mailing Address			Occupation				
			Amount			1	
City	ZIP Code		Guaranteed Outstanding:	7 7			
4. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address	Mailing Address						
		-	Amount			1	
City	ZIP Code		Guaranteed Outstanding:	7 7			
SUBTOTALS This Period This Page (optional)					4000		
			<u> </u>	7	1000.0	U .	
TOTALS This Period (last page in this line only	y)		······		- y		
Carry outstanding balance only to LINE 3, Sc	hedule D, for this	s line. If no	Schedule D, carry	forward to approx	oriate line of Sum	mary.	

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

PAGE 123 OF
FOR LINE NUMBER:
(check only one)

13a

		100							
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK		Transaction ID : SC/10.9450							
		·							
LOAN SOURCE Full Name (Last, First, MCHERFILUS-MCCORMICK, S		☐ Memo Item							
Mailing Address 18612 SW 41ST STREET	, , ,	General Other (specify) ▼							
City	State	ZIP Code							
MIRAMAR	FL	33029 Personal Funds of the Candidate							
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period							
1000.00	,	0.00							
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)							
M M / D D / Y Y Y Y Y Y 13	M M / D D	0.00 % (apr) Yes No							
List All Endorsers or Guarantors (if any)	List All Endorsers or Guarantors (if any) to Loan Source								
1. Full Name (Last, First, Middle Initial)		Name of Employer							
Mailing Address		Occupation							
		Amount							
City	ZIP Code	Guaranteed Outstanding:							
2. Full Name (Last, First, Middle Initial)		Name of Employer							
Mailing Address		Occupation							
		Amount							
City	ZIP Code	Guaranteed Outstanding:							
3. Full Name (Last, First, Middle Initial)		Name of Employer							
Mailing Address		Occupation							
		Amount							
City	ZIP Code	Guaranteed Outstanding:							
4. Full Name (Last, First, Middle Initial)		Name of Employer							
Mailing Address		Occupation							
		Amount							
City	ZIP Code	Guaranteed Outstanding:							
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Carry outstanding balance only to LINE 3, S	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.							

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

PAGE 124 OF
FOR LINE NUMBER:
(check only one)

13a

		100						
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK	FOR CONGRE	Transaction ID : SC/10.9451						
		,						
LOAN SOURCE Full Name (Last, First, MCHERFILUS-MCCORMICK, S		☐ Memo Item						
Mailing Address 18612 SW 41ST STREET		Other (specify) ▼						
City	State	ZIP Code    32020   X   Personal Funds of the Candidate						
MIRAMAR	FL	33029						
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period						
21836.00		0.00 21836.00						
TERMS Date Incurred	[	Date Due Interest Rate Secured: (If none, enter 0)						
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	/ 12/31/2023 O.00 % (apr) Yes X No						
List All Endorsers or Guarantors (if any) to Loan Source								
1. Full Name (Last, First, Middle Initial)		Name of Employer						
Mailing Address		Occupation						
		Amount						
City	ZIP Code	Guaranteed Outstanding:						
2. Full Name (Last, First, Middle Initial)		Name of Employer						
Mailing Address		Occupation						
		Amount						
City	ZIP Code	Guaranteed Outstanding:						
3. Full Name (Last, First, Middle Initial)		Name of Employer						
Mailing Address		Occupation						
		Amount						
City	ZIP Code	Guaranteed Outstanding:						
4. Full Name (Last, First, Middle Initial)		Name of Employer						
Mailing Address		Occupation						
		Amount						
City	ZIP Code	Guaranteed Outstanding:						
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The renew this rage (optional	·/	21836.00						
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Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.						

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

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174

13b Transaction ID: SC/10.9452 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 26 0.00 05 12/31/2023 2022 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

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174

13b Transaction ID: SC/10.9453 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 0.00 05 12/31/2023 2022 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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FOR LINE NUMBER: (check only one)

			Detailed Garrinar	y rage		13b	
NAME OF COMMITTEE (In Full)			Tra	nsaction ID : SC/1	0.9454		
SHEILA CHERFILUS MCCORMICK F							
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		☐ Memo				
CHERFILUS-MCCORMICK, SH	EILA, , ,			Y Primary Genera			
Mailing Address 18612 SW 41ST STREET					specify) 🔻		
City	State	ZIP Code	<del></del>				
MIRAMAR	FL	33029		X Persor	nal Funds of the Ca	andidate	
Original Amount of Loan	Cumulative Pag	yment To D	ate	Balance Outstand	ling at Close of Thi	is Period	
10000.00			0.00		10000.0	00	
TERMS Date Incurred		Date Due	Interest		Secured:		
M M / D D / Y Y Y	M M / D D	/ Y	(If none, 31/2023	enter 0)			
05 31 2022		12/3	31/2023	<b>%</b> (8	apr) L Yes	X No	
List All Endorsers or Guarantors (if any) t	o Loan Source						
1. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
			Amount			1	
City	ZIP Code		Guaranteed Outstanding:		,	_	
2. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		-	Occupation				
		,	Amount			_	
City State	ZIP Code		Guaranteed Outstanding:	,	,		
3. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
			Amount			1	
City	ZIP Code		Guaranteed Outstanding:	,	,	_	
4. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address	Mailing Address						
		<u> </u>	Amount				
City State	ZIP Code		Guaranteed Outstanding:	7	,		
	'						
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Carry outstanding balance only to LINE 3, Sci	nedule D. for this	s line. If no	Schedule D. carry	forward to appro	ppriate line of Sur	nmarv.	

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

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13b Transaction ID: SC/10.9455 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 03 0.00 06 12/31/2023 2022 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

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FOR LINE NUMBER:
(check only one)

13a

		100						
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICE	COD CONCDE	Transaction ID : SC/10.9456						
		·						
LOAN SOURCE Full Name (Last, First, CHERFILUS-MCCORMICK, S		☐ Memo Item						
Mailing Address 18612 SW 41ST STREET	- ,,,	General Other (specify) ▼						
City	State	ZIP Code    X   Personal Funds of the Candidate						
MIRAMAR	FL	33029						
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period						
6000.00		0.00 6000.00						
TERMS Date Incurred	С	late Due Interest Rate Secured: (If none, enter 0)						
M M / D D / Y Y Y Y 2022	M M / D D	/ 12/31/2023 0.00 % (apr) Yes X No						
List All Endorsers or Guarantors (if any) to Loan Source								
1. Full Name (Last, First, Middle Initial)	,,	Name of Employer						
Mailing Address		Occupation						
		Amount						
City	zIP Code	Guaranteed Outstanding:						
2. Full Name (Last, First, Middle Initial)		Name of Employer						
Mailing Address		Occupation						
		Amount						
City	zIP Code	Guaranteed Outstanding:						
3. Full Name (Last, First, Middle Initial)		Name of Employer						
Mailing Address		Occupation						
		Amount						
City State	e ZIP Code	Guaranteed Outstanding:						
4. Full Name (Last, First, Middle Initial)		Name of Employer						
Mailing Address		Occupation						
		Amount						
City	zIP Code	Guaranteed Outstanding:						
CURTOTAL C This Desired This Desire ( "								
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Use separate schedule(s) for each category of the Detailed Summary Page

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13b Transaction ID: SC/10.9457 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 10 0.00 06 12/31/2023 2022 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

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FOR LINE NUMBER:
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13a

		100						
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK	EOD CONCDE	Transaction ID : SC/10.9458						
		·						
LOAN SOURCE Full Name (Last, First, NCHERFILUS-MCCORMICK, S		☐ Memo Item						
Mailing Address 18612 SW 41ST STREET	, , ,	General Other (specify) ▼						
City	State	ZIP Code    33029   Personal Funds of the Candidate						
MIRAMAR	FL	33029 Personal Funds of the Candidate						
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period						
6000.00	,	0.00 6000.00						
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)						
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	/ 12/31/2023 O.00 % (apr) Yes No						
List All Endorsers or Guarantors (if any) to Loan Source								
1. Full Name (Last, First, Middle Initial)		Name of Employer						
Mailing Address		Occupation						
		Amount						
City	ZIP Code	Guaranteed Outstanding:						
2. Full Name (Last, First, Middle Initial)		Name of Employer						
Mailing Address		Occupation						
		Amount						
City	ZIP Code	Guaranteed Outstanding:						
3. Full Name (Last, First, Middle Initial)		Name of Employer						
Mailing Address		Occupation						
		Amount						
City	ZIP Code	Guaranteed Outstanding:						
4. Full Name (Last, First, Middle Initial)		Name of Employer						
Mailing Address		Occupation						
		Amount						
City	ZIP Code	Guaranteed Outstanding:						
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**X** 13a Detailed Summary Page 13b Transaction ID: SC/10.9459 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 0.00 06 12/31/2023 2022 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

PAGE 133 OF FOR LINE NUMBER: **X** 13a (check only one)

174

13b Transaction ID: SC/10.9461 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 0.00 06 2022 12/31/2023 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

PAGE 134 OF FOR LINE NUMBER: **X** | 13a (check only one)

174

13b Transaction ID: SC/10.9462 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 0.00 12/31/2023 06 2022 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

PAGE 135 OF FOR LINE NUMBER: **X** 13a (check only one)

174

13b Transaction ID: SC/10.9463 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 0.00 12/31/2023 06 2022 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

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FOR LINE NUMBER: (check only one)

X 13a 13b

AME OF COMMITTEE (In Full)  Transaction ID : SC/10.9464					
SHEILA CHERFILUS MCCORMICK FOR	CONGRES	SS, INC	C		
LOAN SOURCE Full Name (Last, First, Middle	nitial)		☐ Memo Ite		
CHERFILUS-MCCORMICK, SHEIL	_A, , ,			Y Primary General	
Mailing Address 18612 SW 41ST STREET					
City	ate	ZIP Cod	de		
MIRAMAR	FL	33029	Personal Funds of the Candidate		
Original Amount of Loan C	Cumulative Payr	ment To	Date E	Balance Outstanding at Close of This Period	
17000.00		,	0.00	17000.00	
TERMS Date Incurred	Da	te Due	Interest F (If none, e		
M M / D D / Y Y Y Y M M M	M / D D	/ Y	/31/2023 Y	0.00 % (apr) Yes No	
List All Endorsers or Guarantors (if any) to L	oan Source				
1. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
			Amount		
City State 2	ZIP Code		Guaranteed Outstanding:	, , , , , , ,	
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
			Amount		
City State 2	ZIP Code		Guaranteed Outstanding:	, , , , , , , , ,	
3. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
			Amount		
City State 2	ZIP Code		Guaranteed Outstanding:	y y x	
4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
			Amount		
City State 2	ZIP Code		Guaranteed Outstanding:	9 9	
SUBTOTALS This Period This Page (optional)					
TOTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 3, Sched	ule D, for this	line. If r	no Schedule D, carry f	orward to appropriate line of Summary.	

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

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FOR LINE NUMBER: (check only one)

13b Transaction ID: SC/10.9465 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 0.00 12/31/2023 06 2022 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

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FOR LINE NUMBER: (check only one)

			Detailed Out	illiary i ago		13b
AME OF COMMITTEE (In Full)			Transaction ID : SC/10.9466			
SHEILA CHERFILUS MCCORMICK F		SS, INC				
LOAN SOURCE Full Name (Last, First, Mic	ldle Initial)			lemo Item	Election: 2022	
CHERFILUS-MCCORMICK, SHI	EILA				Primary	
Mailing Address					General	
18612 SW 41ST STREET					Other (specify) ▼	
City	State	ZIP Code				
MIRAMAR					Personal Funds of the	Candidate
Original Amount of Loan	Cumulative Pay	yment To Da	ate	Balan	ce Outstanding at Close of T	his Period
12000.00			0.00	7	1200	0.00
1200000	9		0.00		1200	3.00
TERMS Date Incurred	D	Date Due		terest Rate none, enter 0	Secured 9)	d:
M 06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	12/3	1/2023	0.00	% (apr) Yes	x X No
List All Endorsers or Guarantors (if any) to	o Loan Source					
1. Full Name (Last, First, Middle Initial)		N	lame of Emplo	oyer		
Mailing Address		C	Occupation			
		A	mount			
City	ZIP Code		Guaranteed Outstanding:		y	
2. Full Name (Last, First, Middle Initial)			lame of Emplo	oyer		
Mailing Address		C	Occupation			
		A	mount			
City	ZIP Code		Guaranteed Outstanding:		y y w	
3. Full Name (Last, First, Middle Initial)			lame of Emplo	oyer		
Mailing Address		C	Occupation			
		A	mount			
City State	ZIP Code		Guaranteed Outstanding:		y y y	
4. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		C	Occupation			
		<u> </u>	mount			
City	ZIP Code		Guaranteed Outstanding:		y y y y	
SUBTOTALS This Period This Page (optional)						
FOTALC This Desired float tree 1, 11, 12	OTALS This Deviced (lest page in this line only)					
OTALS This Period (last page in this line only)						
Carry outstanding balance only to LINE 3, Sch	nedule D. for this	s line. If no	Schedule D	carry forwa	ard to appropriate line of Si	ummarv.

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

PAGE 139 OF
FOR LINE NUMBER:
(check only one)

X	13a
	13b

NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMIC	CK FOR CONG	RESS, INC	Transaction ID : SC/10.9467			
LOAN SOURCE Full Name (Last, Firs	st, Middle Initial)		emo Item Election: 2022  Primary  General			
Mailing Address 18612 SW 41ST STREET	Mailing Address					
City State ZIP Code MIRAMAR FL 33029			Personal Funds of the Candidate			
Original Amount of Loan	Cumulative	Payment To Date	Balance Outstanding at Close of This Period			
15500.00		0.00	15500.00			
TERMS Date Incurred		(If	Interest Rate Secured: (If none, enter 0)			
06 / 28 / 4 2022	M M / D	12/31/2022 Y	0.00 % (apr) Yes X No			
List All Endorsers or Guarantors (if a 1. Full Name (Last, First, Middle Initia		rce Name of Emplo	ver			
Mailing Address		Occupation	,			
maining / tourises		Amount				
City	ate ZIP Code	Guaranteed Outstanding:	7 7 7			
2. Full Name (Last, First, Middle Initial	)	Name of Emplo	Name of Employer			
Mailing Address		Occupation				
City	ate ZIP Code	Amount Guaranteed Outstanding:	7			
3. Full Name (Last, First, Middle Initial	)	Name of Emplo	yer			
Mailing Address		Occupation				
City	ate ZIP Code	Amount Guaranteed Outstanding:	Guaranteed			
4. Full Name (Last, First, Middle Initial	)	Name of Emplo	yer			
Mailing Address		Occupation	Occupation			
City	ate ZIP Code	Amount Guaranteed Outstanding:	7 7			
SUBTOTALS This Period This Page (opti	onal)		15500.00			
TOTALS This Period (last page in this lin	e only)		•			
Carry outstanding balance only to LINE	3. Schedule D. for	this line. If no Schedule D.	carry forward to appropriate line of Summary.			

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

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FOR LINE NUMBER: (check only one)

			Detailed Summary	y Page			13b
NAME OF COMMITTEE (In Full)			Transaction ID : SC/10.9469				
SHEILA CHERFILUS MCCORMICK F	OR CONGRE	SS, INC					
LOAN SOURCE Full Name (Last, First, Mic	LOAN SOURCE Full Name (Last, First, Middle Initial)  Memo Item Election: 2022						
CHERFILUS-MCCORMICK, SHI	EILA, , ,				Primary General		
Mailing Address 18612 SW 41ST STREET					Other (specify) ▼		
City	State	ZIP Code	<del></del>				
MIRAMAR	FL	33029			Personal Funds of the	Can	didate
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance	Outstanding at Close of	This	Period
62000.00	9		0.00		6200	0.00	
TERMS Date Incurred		ate Due		Rate enter 0)	Secure	d:	
06 / 29 / Y Y Y Y Y Y	M M / D D		31/2023 Y	0.00	% (apr)	s >	X No
List All Endorsers or Guarantors (if any) to	o Loan Source						
1. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		(	Occupation				
			Amount			_	
City State	ZIP Code		Guaranteed Outstanding:	7			
2. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(	Occupation				
			Amount Guaranteed			$\overline{}$	
City State	ZIP Code	(	Outstanding:	7	7		
3. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(	Occupation				
		-	Amount			$\overline{}$	
City State	ZIP Code	(	Guaranteed Outstanding:	7		_	
4. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		(	Occupation				
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Amount			_	
City State	ZIP Code		Guaranteed Outstanding:	7	у п		
CURTOTAL C This Deviced This Daws (anti-							
SUBTOTALS This Period This Page (optional)							
TOTALS This Period (last page in this line only	/)		······		, ,	_	
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	s line. If no	Schedule D, carry	forward	to appropriate line of §	umn	nary.

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

PAGE 141 OF FOR LINE NUMBER: (check only one)

		138		
AME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK	FOR CONGRE	Transaction ID : SC/10.9470		
LOAN SOURCE Full Name (Last, First, M		Floation: 2000		
CHERFILUS-MCCORMICK, S	,	☐ Memo Item ☐ Election: 2022 ☐ Primary ☐ General		
Mailing Address 18612 SW 41ST STREET		Other (specify) ▼		
City	State	ZIP Code    X   Personal Funds of the Candidate		
MIRAMAR  Original Associate of Least	FL Consoliation Box	33023		
Original Amount of Loan	Cumulative Pay	ment To Date  Balance Outstanding at Close of This Period  0.00  12000.00		
9 9	,			
TERMS Date Incurred		ate Due Interest Rate Secured: (If none, enter 0)		
06 / 30 / Y Y Y Y Y	M M / D D	√ 12/31/2023 O.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any	to Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)	-	Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional) 12000.00				
TOTALS This Period (last page in this line o	nly)			
Cover outstanding balance calls to LINE 9.5	Cohodulo D. for this	line If no Schodule D. come formered to commend the of Schodule D.		
carry outstanding balance only to LINE 3, 5	chedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.		

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

PAGE 142 OF
FOR LINE NUMBER:
(check only one)

13a

			130		
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMIC	K EOR CONGRE		on ID : SC/10.9797		
		,	<b>-</b>		
LOAN SOURCE Full Name (Last, First CHERFILUS-MCCORMICK,	☐ Memo Item	Election: 2022  Primary  General			
Mailing Address 18612 SW 41ST STREET		Other (specify)			
City	City State ZIP Code				
MIRAMAR	FL	33029	Personal Funds of the Candidate		
Original Amount of Loan	Cumulative Page	ment To Date Balance	ce Outstanding at Close of This Period		
12120.00		0.00	12120.00		
TERMS Date Incurred	С	ate Due Interest Rate (If none, enter 0)	Secured:		
07 01 / Y Y Y Y Y	M M / D D	/ 12/31/2023 O.00	% (apr) Yes X No		
List All Endorsers or Guarantors (if a	ny) to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation	Occupation		
		Amount			
City	te ZIP Code	Guaranteed Outstanding:	yy		
2. Full Name (Last, First, Middle Initial)	'	Name of Employer	Name of Employer		
Mailing Address		Occupation			
		Amount			
City	te ZIP Code	Guaranteed Outstanding:	y y		
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	te ZIP Code	Guaranteed Outstanding:	g		
4. Full Name (Last, First, Middle Initial)		Name of Employer	Name of Employer		
Mailing Address		Occupation	Occupation		
		Amount			
City	te ZIP Code	Guaranteed Outstanding:	, , , , , , , , , , , , , , , , , , , ,		
CURTOTAL C This Desired This Daw ( 1)					
SUBTOTALS This Period This Page (optio	i iai)		12120.00		
TOTALS This Period (last page in this line	only)	······	7 7 7		
Carry outstanding balance only to LINE 3	, Schedule D, for this	s line. If no Schedule D, carry forwa	rd to appropriate line of Summary.		

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

PAGE 143 OF FOR LINE NUMBER: **X** 13a (check only one)

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13b Transaction ID: SC/10.9798 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 15700.00 0.00 15700.00 **TERMS** Date Due Interest Rate Secured: Date Incurred (If none, enter 0) 05 0.00 12/31/2023 07 2022 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

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FOR LINE NUMBER:
(check only one)

13a

					130	
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORI	MICK FO	OR CONGRE	SS. IN		ction ID : SC/10.9799	
					Election: 2022	
LOAN SOURCE Full Name (Last, First, Middle Initial)  CHERFILUS-MCCORMICK, SHEILA, , ,					Primary  General	
Mailing Address 18612 SW 41ST STREET					Other (specify)	
City				Personal Funds of the Candidate		
MIRAMAR		FL	33029		To receitant arises of the Garranada	
Original Amount of Loan		Cumulative Pay	ment To	Date Bala	ance Outstanding at Close of This Period	
36000	0.00			0.00	36000.00	
TERMS Date Incurred		D	ate Due	Interest Rat (If none, ente		
M M / D D / Y Y Y 2022	Y	/ M / D D		101/2020	.00 % (apr) Yes No	
List All Endorsers or Guarantors	(if any) to	Loan Source				
1. Full Name (Last, First, Middle I	nitial)			Name of Employer		
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:	y	
2. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:	7 7	
3. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address				Occupation		
	T	T		Amount		
City	State	ZIP Code		Guaranteed Outstanding:	y y w	
4. Full Name (Last, First, Middle In	4. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address		Occupation				
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:	7	
SUBTOTALS This Period This Page (	optional)				36000.00	
TOTALS This Period (last page in this	s line only	)			, , , , , , , , , , , , , , , , , , , ,	
					9 9	
Carry outstanding balance only to LI	NE 3, Sch	edule D, for this	s line. If	no Schedule D, carry for	ward to appropriate line of Summary.	

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

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FOR LINE NUMBER: (check only one)

			Detailed Summary	/ Page			13b
NAME OF COMMITTEE (In Full)			Tra	nsaction	ID : SC/10.9800		
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC							
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)		☐ Memo	ileiii	ction: 2022		
CHERFILUS-MCCORMICK, SH	EILA, , ,			X	Primary General		
Mailing Address 18612 SW 41ST STREET					Other (specify) ▼		
City	State	ZIP Code	<del></del>				
MIRAMAR	FL	33029		X	Personal Funds of the	Can	ndidate
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance (	Outstanding at Close of	This	Period
15000.00			0.00		7	00.00	)
TERMS Date Incurred		ate Due	Interest (If none,		Secur	ed:	
07 <sup>M</sup> / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D		31/2023	0.00	% (apr)	es 2	X No
List All Endorsers or Guarantors (if any) to	o Loan Source						
Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(	Occupation				
			Amount Guaranteed				
City	ZIP Code		Outstanding:	7	7	_	
2. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		(	Occupation				
		-	Amount Guaranteed				
City State	ZIP Code		Outstanding:	7	7	_	
3. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(	Occupation				
		-	Amount Guaranteed				
City	ZIP Code		Outstanding:	7	7	_	
4. Full Name (Last, First, Middle Initial)		1	Name of Employer				
Mailing Address		(	Occupation				
			Amount				
City	ZIP Code		Guaranteed Outstanding:	7	y		
SUBTOTALS This Period This Page (optional)					450	00.00	
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TOTALS This Period (last page in this line only	/) ······		······································	<u> </u>	7	_	
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	s line. If no	Schedule D, carry	forward	to appropriate line of	Sumr	nary.

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

PAGE 146 OF FOR LINE NUMBER: **X** 13a (check only one)

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13b Transaction ID: SC/10.9801 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 0.00 2022 12/31/2023 07 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

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13b Transaction ID: SC/10.9802 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 0.00 12/31/2023 07 2022 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

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FOR LINE NUMBER: (check only one)

13b Transaction ID: SC/10.9803 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 0.00 2022 12/31/2023 07 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

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FOR LINE NUMBER:
(check only one)

13a

		100		
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK		Transaction ID : SC/10.9804		
		Mama Itam Election: 2022		
	LOAN SOURCE Full Name (Last, First, Middle Initial)  CHERFILUS-MCCORMICK, SHEILA, , ,			
Mailing Address 18612 SW 41ST STREET	, , ,	General Other (specify) ▼		
City	State	ZIP Code		
MIRAMAR	FL	33029 Personal Funds of the Candidate		
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period		
4000.00		0.00 4000.00		
TERMS Date Incurred	[	Date Due Interest Rate Secured: (If none, enter 0)		
M 07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	/ 12/31/2023 O.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any	to Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
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TOTALS This Period (last page in this line o	nly)	······································		
Carry outstanding balance only to LINE 3, S	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.		

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

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13b Transaction ID: SC/10.9805 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 28 0.00 12/31/2023 07 2022 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

Use separate schedule(s) for each category of the

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				Detailed :	Summary Page	е (	,,	13b
AME OF COMMITTEE (In Full)			•		Transact	ion ID : SC/10.98	306	
SHEILA CHERFILUS MCCO	RMICK F	OR CONGRE	ESS, INC					
LOAN SOURCE Full Name (Las	t, First, M	iddle Initial)	<u> </u>		Memo Item	Election: 2022	<u> </u>	
CHERFILUS-MCCORM	ICK. SH	IEILA		_	]	Primary		
Mailing Address						General Other (spec	cify) 🔻	
18612 SW 41ST STREET								
City		State	ZIP Code					
MIRAMAR		FL	33029			X Personal F	unds of the	Candidate
Original Amount of Loan		Cumulative Pa	ayment To Da	ate	Balar	nce Outstanding	at Close of T	This Period
600	00.00			0.00			6000	0.00
TERMS Date Incurred		,	Date Due		Interest Rate	7	Secure	d:
M M / D D / Y Y	v	M M / D D	_	YY	(If none, enter	0)		
07 29 202		W W 7 D D	12/3	1/2023	0.0		Yes	s X No
List All Endorsers or Guaranton	rs (if any)	to Loan Source	,					
1. Full Name (Last, First, Middle	e Initial)		N	lame of Em	ployer			
Mailing Address			С	occupation				
			Δ	mount				
City	State	ZIP Code	G	iuaranteed Outstanding:				
			Name of Employer					
2. Full Name (Last, First, Middle	milial)			larrie or En	ipioyei			
Mailing Address			C	occupation				
				mount				
City	State	ZIP Code		luaranteed Outstanding:		7 7		
3. Full Name (Last, First, Middle	Initial)		N	lame of Em	ployer			
Mailing Address			C	occupation				
City	State	ZIP Code		mount luaranteed				
	1 ::: 1\			outstanding:		, , , , , , , , , , , , , , , , , , , ,		
4. Full Name (Last, First, Middle	initiai)		l N	lame of Em	ipioyer			
Mailing Address			С	ccupation				
			A	mount				
City	State	ZIP Code		iuaranteed outstanding:		7		
			<u> </u>					
SUBTOTALS This Period This Page	e (optional)				▶		60000	0.00
TOTALS This Period (last page in t	his line on	ly)						
						7	7	
Carry outstanding balance only to	LINE 3. Sc	hedule D. for this	is line. If no	Schedule	D. carry forw	ard to appropria	ate line of S	ummarv

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

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FOR LINE NUMBER:
(check only one)

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	13b

		130
NAME OF COMMITTEE (In Full)		Transaction ID : SC/10.9808
SHEILA CHERFILUS MCCORMICK F		55, INC
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)	☐ Memo Item Election: 2022
CHERFILUS-MCCORMICK, SH	EILA, , ,	Primary General
Mailing Address 18612 SW 41ST STREET		Other (specify) ▼
City	State	ZIP Code
MIRAMAR	FL	33029 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
75000.00		0.00 75000.00
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	12/31/2023 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) t	o Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	!	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	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, Sci	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

PAGE 153 OF FOR LINE NUMBER: **X** | 13a (check only one)

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Detailed Summary Page 13b Transaction ID: SC/10.9822 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 0.00 08 2022 12/31/2023 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

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FOR LINE NUMBER: (check only one)

13b Transaction ID: SC/10.9825 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 16 0.00 08 12/31/2023 2022 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

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13b Transaction ID: SC/10.9829 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 0.00 08 2022 12/31/2023 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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			Detailed Guiriniai	y rage			13b
NAME OF COMMITTEE (In Full)			Tra	nsaction II	D : SC/10.9906		
SHEILA CHERFILUS MCCORMICK F	OR CONGRE	SS, INC					
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)		☐ Memo	item	tion: 2022		
CHERFILUS-MCCORMICK, SH	EILA, , ,				Primary General		
Mailing Address 18612 SW 41ST STREET					Other (specify) ▼		
City	State	ZIP Code	<del></del>	_			
MIRAMAR	FL	33029		X	Personal Funds of th	e Cano	didate
Original Amount of Loan	Cumulative Pay	yment To D	ate	Balance O	utstanding at Close o	f This I	Period
15000.00	,		0.00		150	00.00	
TERMS Date Incurred	С	ate Due	Interest (If none.	Rate enter 0)	Secu	red:	
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	/ Y 12/3	91/2023 Y	0.00	% (apr)	Yes 🔀	No
List All Endorsers or Guarantors (if any) t	o Loan Source						
1. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
		-	Amount			_	
City State	ZIP Code		Guaranteed Outstanding:	,	7	ш	
2. Full Name (Last, First, Middle Initial)	2. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		1	Occupation				
			Amount			$\overline{}$	
City	ZIP Code		Guaranteed Outstanding:	7	y	_	
3. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		1	Occupation				
			Amount			$\overline{}$	
City	ZIP Code		Guaranteed Outstanding:	,		_	
4. Full Name (Last, First, Middle Initial)	•		Name of Employer				
Mailing Address			Occupation				
			Amount			_	
City State	ZIP Code		Guaranteed Outstanding:	7	7		
	'	'					_
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Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK		Transaction ID : SC/10.9928			
		Mama Itam Election: 2022			
	LOAN SOURCE Full Name (Last, First, Middle Initial)  CHERFILUS-MCCORMICK, SHEILA, , ,				
Mailing Address 18612 SW 41ST STREET		General Other (specify) ▼			
City	State	ZIP Code    33029   X Personal Funds of the Candidate			
MIRAMAR	FL	33029			
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period			
5000.00		0.00 5000.00			
TERMS Date Incurred	[	Date Due Interest Rate Secured: (If none, enter 0)			
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D	12/31/2023 0.00 % (apr) Yes X No			
List All Endorsers or Guarantors (if any	to Loan Source				
Full Name (Last, First, Middle Initial)	,	Name of Employer			
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	<b>'</b>	Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City State	ZIP Code	Guaranteed Outstanding:			
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Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Summary Pag	ge 13b
AME OF COMMITTEE (In Full)		Transac	ction ID : SC/10.10507
SHEILA CHERFILUS MCCORMICK F	OR CONGRESS, I	INC	
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)	☐ Memo Item	Election: 2022
CHERFILUS-MCCORMICK, SH	EILA, , ,		Primary General
Mailing Address 18612 SW 41ST STREET			Other (specify)
City	State ZIP 0	Code	
MIRAMAR	FL 330	29	Personal Funds of the Candidate
Original Amount of Loan	Cumulative Payment	To Date Bala	ance Outstanding at Close of This Period
60000.00	7	50000.00	10000.00
TERMS Date Incurred	Date Du	ue Interest Rate (If none, enter	
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D /		00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) t	o Loan Source		
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed	
		Outstanding:	, ,
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
	T	Amount Guaranteed	
City	ZIP Code	Outstanding:	9
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	y y w
4. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address		Occupation	
		Amount	
City	ZIP Code	Guaranteed Outstanding:	9 9
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NAME OF COMMITTEE (In Full)			Transac	tion ID : SC/10.10508	
SHEILA CHERFILUS MCCORMICK	FOR CONGRE	ESS, INC			
LOAN SOURCE Full Name (Last, First,	Middle Initial)		☐ Memo Item	Election: 2022	
CHERFILUS-MCCORMICK, S	HEILA, , ,			Primary General	
Mailing Address 18612 SW 41ST STREET				Other (specify) ▼	
City	State	ZIP Code			
MIRAMAR	FL	33029		Personal Funds of the	Candidate
Original Amount of Loan	Cumulative Pa	yment To Date	Bala	ance Outstanding at Close of	This Period
15000.00			0.00	1500	00.00
TERMS Date Incurred	Г	Date Due	Interest Rate	e Secure	ed:
	Total - Inda		(If none, enter		Ju.
08 / D D / Y Y Y Y 2022	M M / D D	12/31/202	0.	00 % (apr) Ye	es X No
List All Endorsers or Guarantors (if any	) to Loan Source				
1. Full Name (Last, First, Middle Initial)		Name	of Employer		
Mailing Address		Occu	oation		
		Amou			
City	ZIP Code		anteed anding:	y y	
2. Full Name (Last, First, Middle Initial)		Name	of Employer		
Mailing Address		Occu	oation		
011	710.0	Amou Guara	nt anteed		
City	ZIP Code		anding:	y y y	
3. Full Name (Last, First, Middle Initial)		Name	of Employer		
Mailing Address		Occu	oation		
		Amou			$\overline{}$
City	ZIP Code		anteed anding:	9 9	
4. Full Name (Last, First, Middle Initial)	!	Name	of Employer		
Mailing Address		Occu	oation		
		Amou	nt		
City	ZIP Code		anteed anding:	7 7	
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TOTALS This Period (last page in this line of	only)			7 7	
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Carry outstanding balance only to LINE 3,	scneaule D, for thi	s line. It no Sch	equie D, carry forv	vard to appropriate line of S	oummary.

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

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13b Transaction ID: SC/10.10510 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , ★ General Mailing Address Other (specify) -18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 0.00 2022 12/31/2023 09 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

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FOR LINE NUMBER: (check only one) X 13a

13b Transaction ID: SC/10.10511 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , ★ General Mailing Address Other (specify) -18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 02 0.00 12/31/2023 09 2022 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

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13b Transaction ID: SC/10.12586 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2024 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** 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 Secured: (If none, enter 0) 06 09 2024 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

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		100		
NAME OF COMMITTEE (In Full)		Transaction ID : SC/10.12927		
SHEILA CHERFILUS MCCORMICK		=55, INC		
	LOAN SOURCE Full Name (Last, First, Middle Initial)  Memo Item  Primary			
· ·	CHERFILUS-MCCORMICK, SHEILA, , ,			
Mailing Address 18612 SW 41ST STREET		Other (specify)		
City	State	ZIP Code  Personal Funds of the Candidate		
MIRAMAR	FL	33029 Personal Funds of the Candidate		
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period		
700.00	,	0.00 700.00		
TERMS Date Incurred	]	Date Due Interest Rate Secured: (If none, enter 0)		
01 / 31 / Y Y Y Y Y Y Y	M M / D D	/ Y Y Y Y Y W Y No W (apr) Yes ⊠ No		
List All Endorsers or Guarantors (if any)	to Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)	-	Name of Employer		
Mailing Address		Occupation		
		Amount		
City	ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	'	Name of Employer		
Mailing Address		Occupation		
		Amount		
City State	ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optiona	)	700.00		
TOTALS This Period (last page in this line of	וy)	······································		
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.		

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

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13b Transaction ID: SC/10.12928 NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2026 Memo Item Primary CHERFILUS-MCCORMICK, SHEILA, , , General Mailing Address Other (specify) 18612 SW 41ST STREET City State ZIP Code Personal Funds of the Candidate 33029 FL **MIRAMAR** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 200.00 0.00 200.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 02 2025 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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

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(check only one)

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		<u> </u>	130		
NAME OF COMMITTEE (In Full) SHEILA CHERFILUS MCCORMICK			ction ID : SC/10.12929		
			Election: 2026		
	LOAN SOURCE Full Name (Last, First, Middle Initial)  CHERFILUS-MCCORMICK, SHEILA, , ,				
•					
Mailing Address 18612 SW 41ST STREET			Other (specify)		
City	State	ZIP Code	Personal Funds of the Candidate		
MIRAMAR	FL	33029			
Original Amount of Loan	Cumulative Pa	yment To Date Bal	ance Outstanding at Close of This Period		
354.00		0.00	354.00		
TERMS Date Incurred	[	Date Due Interest Rat (If none, enter			
M M / D D / Y Y Y Y Y 14 2025	M M / D D	/ Y " Y " Y	% (apr) Yes X No		
List All Endorsers or Guarantors (if any)	to Loan Source				
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:	9 9		
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:	y y		
3. Full Name (Last, First, Middle Initial)	·	Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:	7		
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
		Amount			
City	ZIP Code	Guaranteed Outstanding:	9 9 9		
SUBTOTALS This Period This Page (optional	)	·····	354.00		
TOTALS This Period (last page in this line or	nly)	·····	3661879.00		
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry for	ward to appropriate line of Summary.		

**Excluding Loans** 

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

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(check only one)

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				, , , , ,
	OMMITTEE (In Full)  A CHERFILUS N		RMICK FOR CO	NGRESS, INC
A. Full N	ame (Last, First, Middle Initial) of De	Nature of Debt (Purpose):		
Ange	erholzer Broz Consulting	Fundraising and Compliance Consulting Fee		
Mailing A	ddress 1 M Street SE Suite 275			
City Washingt	on	State DC	Zip Code 20003	
Outstar	iding Balance Beginning This Period			Transaction ID : SD10.12582
	5632.95			
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
	0.00		5632.95	0.00
B. Full Na	me (Last, First, Middle Initial) of De	btor or Cred	litor	Nature of Debt (Purpose):
Ange	rholzer Broz Consulting			Fundraising and Compliance Consulting Fee
Mailing A	ddress 1 M Street SE Suite 275			
City Washingt	on	State DC	Zip Code 20003	
Outstar	iding Balance Beginning This Period			Transaction ID : SD10.12925
	20240.08			
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
	0.00		4367.05	15873.03
C. Full N	ame (Last, First, Middle Initial) of De	ebtor or Cre	ditor	Nature of Debt (Purpose):
Ange	Angerholzer Broz Consulting			Fundraising and Compliance Consulting Fee
Mailing A	ddress 1 M Street SE Suite 275			
City		State	Zip Code	
Washingt	on	DC	20003	
Outstar	iding Balance Beginning This Period			Transaction ID : SD10.13042
	20481.13			
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	20481.13
1) SUBTOT	ALS This Period This Page (optiona	l)		36354.16
2) TOTALS	2) TOTALS This Period (last page this line number only)			
3) TOTAL (	DUTSTANDING LOANS from Sched	ule C (last p	age only)	
4) ADD 2)	ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)			

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 167 OF
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(check only one)

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NAME OF COMMITTEE (In Full)

			· · · · · · · · · · · · · · · · · · ·
A. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose):		
Angerholzer Broz Consulting	Fundraising and Compliance Consulting Fee		
Mailing Address 1 M Street SE Suite 275			
City	State	Zip Code	
Washington	DC	20003	
Outstanding Balance Beginning This Period			Transaction ID : SD10.13339
0.00			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
40040.00			
18949.80		0.00	18949.80
B. Full Name (Last, First, Middle Initial) of Det	otor or Credit	or	Nature of Debt (Purpose):
Elias Law Group LLP			Legal Fees
Mailing Address 250 Massachusetts Ave NW Suite 400			
City	State	Zip Code	
Washington	DC	20001	
Outstanding Balance Beginning This Period			Transaction ID : SD10.12591
33149.50			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	33149.50
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Elias Law Group LLP			Legal Fees
Mailing Address 250 Massachusetts Ave NW Suite 400			
City	State	Zip Code	
Washington	DC	20001	
Outstanding Balance Beginning This Period			Transaction ID : SD10.12592
130338.00			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	130338.00
) SUBTOTALS This Period This Page (optional	)		182437.30
TOTALS This Period (last page this line number only)			
TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)			

**Excluding Loans** 

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NAME OF COMMITTEE (In Full)

			· · · · · · · · · · · · · · · · · · ·
A. Full Name (Last, First, Middle Initial) of D	Nature of Debt (Purpose):		
Elias Law Group LLP	Legal Fees		
Lilas Law Oroup LLi			
Mailing Address 250 Massachusetts Ave NV Suite 400			
City	State	Zip Code	
Washington	DC	20001	
Outstanding Balance Beginning This Perio	d		Transaction ID : SD10.12593
13109.75			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	13109.75
B. Full Name (Last, First, Middle Initial) of De	ebtor or Cred	litor	Nature of Debt (Purpose):
Elias Law Group LLP			Legal Fees
Mailing Address 250 Massachusetts Ave NV Suite 400	I		
City	State	Zip Code	
Washington	DC	20001	
Outstanding Balance Beginning This Perio	d		Transaction ID : SD10.12595
66297.00			
Amount Incurred This Period Payment This Period			Outstanding Balance at Close of This Period
0.00		0.00	66297.00
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Noture of Dobt (Durnoco);
Elias Law Group LLP			Nature of Debt (Purpose):  Legal Fees
Mailing Address 250 Massachusetts Ave NV Suite 400	V		
City	State	Zip Code	
Washington	DC	20001	
Outstanding Balance Beginning This Perio	d		Transaction ID : SD10.12608
50205.25			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	50205.25
SUBTOTALS This Period This Page (option	al)		129612.00
TOTALS This Period (last page this line number only)			
TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)			

**Excluding Loans** 

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A. Full Name (Last, First, Middle Initial) of D	Nature of Debt (Purpose):		
Elias Law Group LLP	Legal Fees		
Mailing Address 250 Massachusetts Ave NW Suite 400	I		
City Washington	State DC	Zip Code 20001	
Outstanding Balance Beginning This Period	t		Transaction ID : SD10.12596
49814.07			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	49814.07
B. Full Name (Last, First, Middle Initial) of De	btor or Cred	ditor	Nature of Debt (Purpose):
Elias Law Group LLP			Legal Fees
Mailing Address 250 Massachusetts Ave NW Suite 400	1		
City Washington	State DC	Zip Code 20001	
Outstanding Balance Beginning This Period	d	·	Transaction ID: SD10.12598
22575.15			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	22575.15
C. Full Name (Last, First, Middle Initial) of D	ebtor or Cre	editor	Nature of Debt (Purpose):
Elias Law Group LLP			Legal Fees
Mailing Address 250 Massachusetts Ave NV Suite 400	/		
City	State DC	Zip Code	
Washington Outstanding Balance Beginning This Period		20001	Transaction ID : SD10.12600
43620.30	1		Transaction ib . 3510.12000
Amount Incurred This Period		Dayment This Deried	Outstanding Polance at Class of This Povis
0.00		Payment This Period 0.00	Outstanding Balance at Close of This Period 43620.30
0.00		0.00	7 7 3000
SUBTOTALS This Period This Page (options	al)		116009.52
TOTALS This Period (last page this line number only)			<b>•</b>
TOTAL CUITOTANDING LOANS (see Oaks	- O / +		
TOTAL OUTSTANDING LOANS from Scheo	iule C (last p	bage only)······	

**Excluding Loans** 

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC
--

			<u> </u>
A. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose):		
Elias Law Group LLP	Legal Fees		
Mailing Address 250 Massachusetts Ave NW Suite 400			
City	State	Zip Code	
Washington	DC	20001	
Outstanding Balance Beginning This Period			Transaction ID : SD10.12601
718.25			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	718.25
B. Full Name (Last, First, Middle Initial) of Del	otor or Cred	litor	Nature of Debt (Purpose):
Elias Law Group LLP			Legal Fees
Mailing Address 250 Massachusetts Ave NW Suite 400			
City Washington	State DC	Zip Code 20001	
Outstanding Balance Beginning This Period			Transaction ID : SD10.12603
2029.80			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	2029.80
C. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose):		
Elias Law Group LLP			
Mailing Address 250 Massachusetts Ave NW Suite 400	200 Maddadinadda / Wo TVV		
City	State	Zip Code	
Washington	DC	20001	
Outstanding Balance Beginning This Period			Transaction ID : SD10.12604
26328.75			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
0.00		0.00	26328.75
1) SUBTOTALS This Period This Page (optional	)		29076.80
TOTALS This Period (last page this line number only)			
3) TOTAL OUTSTANDING LOANS from Sched	ule C (last p	page only)·····	
4) ADD 2) and 3) and carry forward to appropr			

**Excluding Loans** 

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC
--

				<u> </u>	
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):	
	Elias Law Group LLP			Legal Fees	
	Elias Law Group LLP				
	Mailing Address 250 Massachusetts Ave NW Suite 400				
ı	City	State	Zip Code		
	Washington	DC	20001		
	Outstanding Balance Beginning This Period			Transaction ID : SD10.12606	
	16126.20				
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
	0.00		0.00	16126.20	
ŀ	B. Full Name (Last, First, Middle Initial) of Deb	tor or Cred	itor	Nature of Debt (Purpose):	
	Elias Law Group LLP			Legal Fees	
	Mailing Address 250 Massachusetts Ave NW Suite 400				
ı	City	State	Zip Code		
	Washington	DC	20001		
	Outstanding Balance Beginning This Period			Transaction ID : SD10.12607	
	9646.65				
	Amount Incurred This Period Payment This Period		Outstanding Balance at Close of This Period		
	0.00		0.00	9646.65	
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  Nature of Debt (Purpose):			Nature of Debt (Durpose):		
	Elias Law Group LLP			Legal Fees	
	Mailing Address 250 Massachusetts Ave NW Suite 400				
ı			Zip Code		
	Washington	DC	20001		
	Outstanding Balance Beginning This Period			Transaction ID : SD10.12914	
	7337.20				
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
	0.00		0.00	7337.20	
1)	SUBTOTALS This Period This Page (optional)			33110.05	
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)				

**Excluding Loans** 

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4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

IAME OF COMMITTEE (In Full)		•	<b>'</b>	
IAME OF COMMITTEE (In Full) SHEILA CHERFILUS M	ICCOR	MICK FOR CO	NGRESS, INC	
A. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose):			
Elias Law Group LLP			Legal Fees	
Mailing Address 250 Massachusetts Ave NW Suite 400			_	
City	State	Zip Code		
Washington	DC	20001		
Outstanding Balance Beginning This Period			Transaction ID : SD10.12916	
3823.30				
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	3823.30	
B. Full Name (Last, First, Middle Initial) of Deb	otor or Credito	r	Nature of Debt (Purpose):	
Elias Law Group LLP			Legal Fees	
Mailing Address 250 Massachusetts Ave NW Suite 400				
City Washington	State DC	Zip Code 20001		
Outstanding Balance Beginning This Period  4475.50  Amount Incurred This Period  Payment This Period  Outstanding Balance at Close of This Period				
0.00		0.00	4475.50	
C. Full Name (Last, First, Middle Initial) of De	btor or Credito	or	Nature of Debt (Purpose):	
Elias Law Group LLP				
Mailing Address 250 Massachusetts Ave NW Suite 400				
City	State	Zip Code		
Washington	DC	20001		
Outstanding Balance Beginning This Period			Transaction ID: SD10.12918	
3867.50				
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	3867.50	
1) SUBTOTALS This Period This Page (optional)	)		12166.30	
2) TOTALS This Period (last page this line number only)				
3) TOTAL OUTSTANDING LOANS from Schedu	TOTAL OUTSTANDING LOANS from Schedule C (last page only)			

**Excluding Loans** 

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NAME OF COMMITTEE (In Full)

S	HEILA CHERFILUS M	ICCOF	RMICK FOR CO	NGRESS, INC
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
	Elias Law Group LLP			Legal Fees
	Mailing Address 250 Massachusetts Ave NW Suite 400			
Ī	City	State	Zip Code	
-	Washington	DC	20001	
	Outstanding Balance Beginning This Period			Transaction ID : SD10.13045
	53006.00			
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	53006.00
Ì	B. Full Name (Last, First, Middle Initial) of Deb	otor or Credi	tor	Nature of Debt (Purpose):
	Elias Law Group LLP			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 Payment This Period			Outstanding Balance at Close of This Period
	0.00		0.00	13054.05
ŀ	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		litor	Nature of Debt (Purpose):
	Figgers Technologies			Multimedia Messaging Services
	Mailing Address 3810 Inverray Blvd Suite 401			
	City	State	Zip Code	
ŀ	Fort Lauderdale	FL	33319	
	Outstanding Balance Beginning This Period			Transaction ID : SD10.12272
	4500.00			
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
	0.00		0.00	4500.00
1)	SUBTOTALS This Period This Page (optional	)		70560.05
2)	TOTALS This Period (last page this line num	ber only) ·····		
3)	TOTAL OUTSTANDING LOANS from Schedu	ıle C (last pa	age only)·····	
4)	ADD 2) and 3) and carry forward to appropri	ate line of S	ummary Page (last page only)	

**Excluding Loans** 

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

			)11011200, 1110
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Kaiser PLLC			Legal Fees
Mailing Address 1099 14th St NW 8th Floor W			
City	State	Zip Code	
Washington	DC	20005	
Outstanding Balance Beginning This Period	i		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
B. Full Name (Last, First, Middle Initial) of De	btor or Cred	litor	Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	
Amount Incurred This Period  C. Full Name (Last, First, Middle Initial) of D	ebtor or Cre	Payment This Period	Outstanding Balance at Close of This Period  Nature of Debt (Purpose):
Mailing Address			
Ividining Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period			
7			
Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period
, ,		y	
SUBTOTALS This Period This Page (optional	ıl)		56177.09
TOTALS This Period (last page this line number only)			665503.27
TOTAL OUTSTANDING LOANS from Schedule C (last page only)			3661879.00
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)			4327382.27