

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

ADDRESS (number and street)

6151 MIRAMAR PKWY

SUITE 101

MIRAMAR

FL

33023

☐ Check if different than previously reported. (ACC)

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00677492

3. IS THIS REPORT

☐ NEW (N)

OR

☒ AMENDED (A)

STATE ▼ DISTRICT

FL

20

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- ☒ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M / D D / Y Y Y Y
08 / 23 / 2022

in the State of

FL

(c) 30-Day POST-Election Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
07 / 01 / 2022

through

M M / D D / Y Y Y Y
08 / 03 / 2022

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

AINA, OLUBISI, , Dr.,

Type or Print Name of Treasurer

Signature of Treasurer

AINA, OLUBISI, , Dr.,

[Electronically Filed]

Date

M M / D D / Y Y Y Y
11 / 07 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the 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 05/2016)

PAGE 2 / 188

Write or Type Committee Name

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	2	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	2	2

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	54055.45	191401.61
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	54055.45	191401.61
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	403534.77	1067155.19
(b) Total Offsets to Operating Expenditures (from Line 14).....	3225.78	3225.78
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	400308.99	1063929.41
8. Cash on Hand at Close of Reporting Period (from Line 27).....	89403.72	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	3648925.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	2	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	2	2

I. RECEIPTS**COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

4850.00

82750.00

(ii) Unitemized.....

105.45

5703.74

(iii) TOTAL of contributions from individuals ▶

4955.45

88453.74

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

49100.00

102947.87

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

54055.45

191401.61

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

434820.00

1323935.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

434820.00

1323935.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.)

3225.78

3225.78

15. OTHER RECEIPTS

(Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

492101.23

1518562.39

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	403534.77	1067155.19
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	400000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	400000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	403534.77	1467155.19

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	837.26
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	492101.23
25. SUBTOTAL (add Line 23 and Line 24).....	492938.49
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	403534.77
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	89403.72

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F3A

Transaction ID :

Performed all updates as requested in RFAI dated 8/15/2022

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 188

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

Barth, Brett, , ,

Mailing Address PO Box 8020

City

Garden City

State

NY

Zip Code

11530

FEC ID number of contributing
federal political committee.

C

Name of Employer

BBR Partners

Occupation

Investment Management

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 03 2022

Transaction ID : SA11AI.9750

Amount of Each Receipt this Period

1425.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

GOURGUE, DJENANE, , ,

Mailing Address 9100 Lime Bay Blvd, APT 311

City

TAMARAC

State

FL

Zip Code

33321

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 02 2022

Transaction ID : SA11AI.9748

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Julien, Frandley, , ,

Mailing Address 801 NE 167th St, Suite 309

City

North Miami Beach

State

FL

Zip Code

33162

FEC ID number of contributing
federal political committee.

C

Name of Employer

Law office of Fandley Julien

Occupation

Lawyer

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 31 2022

Transaction ID : SA11AI.9747

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

3425.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

Moerdler, Galina, , ,

Mailing Address 5 Chittenden Rd

City

Fair Lawn

State

NJ

Zip Code

07410

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 03 2022

Transaction ID : SA11AI.9744

Amount of Each Receipt this Period

1425.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

1425.00

4850.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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			15

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. American Crystal Sugar Company PAC

Mailing Address 101 North Third Street

City

Moorhead

State

MN

Zip Code

56560

FEC ID number of contributing
federal political committee.

C C00110338

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		03		2022

Transaction ID : SA11C.9774

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN FEDERATION OF GOVT. EMPL. POLITICAL ACTION COMMITTEE

Mailing Address 80 F STREET, NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00009936

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		03		2022

Transaction ID : SA11C.9764

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. American Israel Public Affairs Committee PAC

Mailing Address 251 H Street NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00797670

Name of Employer

Occupation

Receipt For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		20		2022

Transaction ID : SA11C.10006

Amount of Each Receipt this Period

5000.00

☒ Memo ItemRedesignate: American Israel Public Affairs Committee
PAC**SUBTOTAL** of Receipts This Page (optional)..... ▶

6000.00

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

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

American Israel Public Affairs Committee PAC

Mailing Address 251 H Street NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00797670

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 27 2022

Transaction ID : SA11C.9790

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Israel Public Affairs Committee PAC

Mailing Address 251 H Street NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00797670

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 27 2022

Transaction ID : SA11C.9791

Amount of Each Receipt this Period

2100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. American Israel Public Affairs Committee PAC

Mailing Address 251 H Street NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00797670

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 27 2022

Transaction ID : SA11C.10005

Amount of Each Receipt this Period

- 5000.00

☒ Memo Item

Redesignate:

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

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

7100.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

American Sugar Cane League PAC

Mailing Address PO Box Drawer 938

City

Thibodaux

State

LA

Zip Code

70302

FEC ID number of contributing
federal political committee.

C C00081414

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 03 2022

Transaction ID : SA11C.9754

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Comcast Corporation & NBCUniversal PAC

Mailing Address 1701 JFK Boulevard

City

Philadelphia

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.

C C00248716

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 03 2022

Transaction ID : SA11C.9766

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CRH Americas Inc. PAC

Mailing Address 800 Maine Ave SW, Suite 800

City

Washington

State

DC

Zip Code

20024

FEC ID number of contributing
federal political committee.

C C00346353

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 03 2022

Transaction ID : SA11C.9768

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

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

6500.00

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

FairShot PAC

A.

Mailing Address PO Box 15

City

Boston

State

MA

Zip Code

02137

FEC ID number of contributing
federal political committee.

C C00574970

Name of Employer

Occupation

Receipt For: 2022

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 03 2022

Transaction ID : SA11C.9756

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

FECI Good Government Committee PAC

B.

Mailing Address 700 NW 1st Ave

City

Miami

State

FL

Zip Code

33136

FEC ID number of contributing
federal political committee.

C C00544908

Name of Employer

Occupation

Receipt For: 2022

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 02 2022

Transaction ID : SA11C.9793

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Florida Sugar Cane League PAC

C.

Mailing Address 1455 Pennsylvania Ave NW, Suite 32

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C C00012328

Name of Employer

Occupation

Receipt For: 2022

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 03 2022

Transaction ID : SA11C.9770

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

4000.00

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

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

Use separate schedule(s)
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☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

Gray Robertson PA PAC

A.

Mailing Address PO Box 3068

City

Orlando

State

FL

Zip Code

32802

FEC ID number of contributing
federal political committee.

C C00224790

Name of Employer

Occupation

Receipt For: 2022

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 03 2022

Transaction ID : SA11C.9776

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Holland America Line Inc. HALPAC

B.

Mailing Address 450 3rd Ave W

City

Seattle

State

WA

Zip Code

98119

FEC ID number of contributing
federal political committee.

C C00287714

Name of Employer

Occupation

Receipt For: 2022

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 03 2022

Transaction ID : SA11C.9772

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Minn-Dak Famers Cooperative Sugar PAC

C.

Mailing Address 7525 Red River Rd

City

Wahpeton

State

ND

Zip Code

58075

FEC ID number of contributing
federal political committee.

C C00164939

Name of Employer

Occupation

Receipt For: 2022

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 03 2022

Transaction ID : SA11C.9760

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

4000.00

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

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

Use separate schedule(s)
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☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

National Air Traffic Controllers Association PAC

Mailing Address 1325 Massachusetts Ave, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C C00238725

Name of Employer

Occupation

Receipt For: 2022

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 12 2022

Transaction ID : SA11C.9777

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

National Air Traffic Controllers Association PAC

Mailing Address 1325 Massachusetts Ave, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C C00238725

Name of Employer

Occupation

Receipt For: 2022

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 12 2022

Transaction ID : SA11C.9778

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

National Air Traffic Controllers Association PAC

Mailing Address 1325 Massachusetts Ave, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C C00238725

Name of Employer

Occupation

Receipt For: 2022

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 03 2022

Transaction ID : SA11C.9762

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

3500.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

NATIONAL TREASURY EMPLOYEES UNION POLITICAL ACTION COMMITTEE

A.

Mailing Address 800 K ST NW
SUITE 1000

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00107128

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 19 2022

Transaction ID : SA11C.9784

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

New York Life Insurance Political Action Action Committee

B.

Mailing Address 51 Madison Ave Rm 1109

City

New York

State

NY

Zip Code

10010

FEC ID number of contributing
federal political committee.

C C00158881

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 12 2022

Transaction ID : SA11C.9780

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Sheet Metal Air Rail Transportation Polical Action League

C.

Mailing Address 1750 New York Ave, NW Suite 600

City

Washington

State

DC

Zip Code

20006

FEC ID number of contributing
federal political committee.

C C00007542

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 20 2022

Transaction ID : SA11C.9786

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

8500.00

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

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Sheet Metal Air Rail Transportation Polical Action League

Mailing Address 1750 New York Ave, NW Suite 600

City

Washington

State

DC

Zip Code

20006

FEC ID number of contributing
federal political committee.

C C00007542

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2022

Transaction ID : SA11C.10002

Amount of Each Receipt this Period

– 5000.00

☒ Memo Item

Redesignate:

Full Name (Last, First, Middle Initial)

B. Sheet Metal Air Rail Transportation Polical Action League

Mailing Address 1750 New York Ave, NW Suite 600

City

Washington

State

DC

Zip Code

20006

FEC ID number of contributing
federal political committee.

C C00007542

Name of Employer

Occupation

Receipt For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 20 / 2022

Transaction ID : SA11C.10003

Amount of Each Receipt this Period

5000.00

☒ Memo Item

Redesignate: Sheet Metal Air Rail Transportation Polical
Action League

Full Name (Last, First, Middle Initial)

C. Terri PAC

Mailing Address 499 S Capitol Street, SW Suite 422

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C C00525030

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 03 / 2022

Transaction ID : SA11C.9758

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1000.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

Truist Financial Corporation Federal PAC

Mailing Address 1001 Semmes Avenue, 5th Floor

City

Richmond

State

VA

Zip Code

23224

FEC ID number of contributing
federal political committee.

C C00386524

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 25 2022

Transaction ID : SA11C.9788

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

United States Sugar Corporation PAC

Mailing Address 111 Ponce De Leon Ave

City

Clewiston

State

FL

Zip Code

33440

FEC ID number of contributing
federal political committee.

C C00234120

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 03 2022

Transaction ID : SA11C.9752

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

WALPAC

Mailing Address 702 SW 8th Street

City

Bentonville

State

AR

Zip Code

72716

FEC ID number of contributing
federal political committee.

C C00093054

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 12 2022

Transaction ID : SA11C.9782

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

8500.00

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

49100.00

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

901235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2022

Transaction ID : SA13A.9797

Amount of Each Receipt this Period

12120.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

916935.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 05 / 2022

Transaction ID : SA13A.9798

Amount of Each Receipt this Period

15700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

952935.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 06 / 2022

Transaction ID : SA13A.9799

Amount of Each Receipt this Period

36000.00

☐ Memo Item

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

63820.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

A.

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

967935.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2022

Transaction ID : SA13A.9800

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

B.

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1117935.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2022

Transaction ID : SA13A.9801

Amount of Each Receipt this Period

150000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

C.

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1169935.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2022

Transaction ID : SA13A.9802

Amount of Each Receipt this Period

52000.00

☐ Memo Item

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

217000.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1179935.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2022

Transaction ID : SA13A.9803

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1183935.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2022

Transaction ID : SA13A.9804

Amount of Each Receipt this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1188935.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 28 / 2022

Transaction ID : SA13A.9805

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

19000.00

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

SCHEDULE A (FEC Form 3)
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☐ 12	☒ 13a	☐ 13b	☐ 14	☐ 15

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1248935.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	2	2

Transaction ID : SA13A.9806

Amount of Each Receipt this Period

60000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1323935.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	2	2

Transaction ID : SA13A.9808

Amount of Each Receipt this Period

75000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item

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

135000.00

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

434820.00

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

Use separate schedule(s)
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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

City of Deerfield Beach

Mailing Address 401 S.W. 4th St

City

Deerfield Beach

State

FL

Zip Code

33441

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 03 2022

Transaction ID : SA14.9816

Amount of Each Receipt this Period

250.00

☐ Memo Item

Refund of rental expense of 5/5/2022

Full Name (Last, First, Middle Initial)

Clear Channel

Mailing Address 5800 NW 77th Ct

City

Doral

State

FL

Zip Code

33166

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 03 2022

Transaction ID : SA14.9818

Amount of Each Receipt this Period

2900.00

☐ Memo Item

Partial refund of billboard buy of 9/16/2021

Full Name (Last, First, Middle Initial)

C.
Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

3150.00

3150.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Accurate Business Systems

Mailing Address 15725 NW 15th Ave

City
MiamiState
FLZip Code
33169Purpose of Disbursement
Signs

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		05		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

15836.00

Transaction ID : SB17.9496

☐ Memo Item**B. Accurate Business Systems**

Mailing Address 15725 NW 15th Ave

City
MiamiState
FLZip Code
33169Purpose of Disbursement
Signs

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		18		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

12000.00

Transaction ID : SB17.9592

☐ Memo Item**C. Accurate Business Systems**

Mailing Address 15725 NW 15th Ave

City
MiamiState
FLZip Code
33169Purpose of Disbursement
Signs

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

12000.00

Transaction ID : SB17.9738

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

39836.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Alleyne, Rosanne, , ,

Mailing Address 5040 NE 7th Terrace

City
Pompano BeachState
FLZip Code
33064Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

365.00

Transaction ID : SB17.9515

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Alleyne, Rosanne, , ,

Mailing Address 5040 NE 7th Terrace

City
Pompano BeachState
FLZip Code
33064Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		14		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

382.00

Transaction ID : SB17.9567

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Alleyne, Rosanne, , ,

Mailing Address 5040 NE 7th Terrace

City
Pompano BeachState
FLZip Code
33064Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		20		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.9626

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1087.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Anderson, Arielle, , ,

Mailing Address 13146 SW 47th Street

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		06		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

2498.00

Transaction ID : SB17.9498

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anderson, Arielle, , ,

Mailing Address 13146 SW 47th Street

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		19		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

425.00

Transaction ID : SB17.9618

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anderson, Isaiah, , ,

Mailing Address 13146 SW 47th St

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		06		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

425.00

Transaction ID : SB17.9499

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3348.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Anderson, Isaiah, , ,

Mailing Address 13146 SW 47th St

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		12		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

425.00

Transaction ID : SB17.9549

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anderson, Isaiah, , ,

Mailing Address 13146 SW 47th St

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		19		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

450.00

Transaction ID : SB17.9602

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anderson, Isaiah, , ,

Mailing Address 13146 SW 47th St

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		02		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

425.00

Transaction ID : SB17.9721

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1300.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Angerholzer Broz Consulting

Mailing Address 499 South Capitol Street SW

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Consulting - Fundraising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	12	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.9562

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Angerholzer Broz Consulting

Mailing Address 499 South Capitol Street SW

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Consulting - Fundraising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	14	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

3507.75

Transaction ID : SB17.9573

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Angerholzer Broz Consulting

Mailing Address 499 South Capitol Street SW

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Consulting - Fundraising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	20	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.9632

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

10507.75

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Aparicio, Alexandra, , ,

Mailing Address 6380 Plunkett Street

City
HollywoodState
FLZip Code
33023Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		12		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.9554

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Aparicio, Alexandra, , ,

Mailing Address 6380 Plunkett Street

City
HollywoodState
FLZip Code
33023Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		12		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

240.00

Transaction ID : SB17.9560

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address 208 S Akard Street #2954

City
DallasState
TXZip Code
75202Purpose of Disbursement
Internet Service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		27		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

143.40

Transaction ID : SB17.9676

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

683.40

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

SCHEDULE B (FEC Form 3)
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for each category of the
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address 208 S Akard Street #2954

City
DallasState
TXZip Code
75202Purpose of Disbursement
Internet Service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

128.40

Transaction ID : SB17.9677

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Barber, Jacquette, , ,

Mailing Address 727 W Tiffany Drive

City
Mangonia ParkState
FLZip Code
33407Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	7		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

875.00

Transaction ID : SB17.9513

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Barber, Jacquette, , ,

Mailing Address 727 W Tiffany Drive

City
Mangonia ParkState
FLZip Code
33407Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

875.00

Transaction ID : SB17.9575

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1878.40

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Barber, Jacquette, , ,

Mailing Address 727 W Tiffany Drive

City
Mangonia ParkState
FLZip Code
33407Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

875.00

Transaction ID : SB17.9582

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Barber, Jacquette, , ,

Mailing Address 727 W Tiffany Drive

City
Mangonia ParkState
FLZip Code
33407Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

875.00

Transaction ID : SB17.9666

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Bryant, Checree, , ,

Mailing Address 890 Brandon Prescott Lane #205

City
West Palm BeachState
FLZip Code
33401Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		20		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

750.00

Transaction ID : SB17.9630

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2500.00

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

SCHEDULE B (FEC Form 3)
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Burrell, Javin, , ,

Mailing Address 4401 Greenwood Ave

City
West Palm BeachState
FLZip Code
33407Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		19		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

240.00

Transaction ID : SB17.9598

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Burrell, Javin, , ,

Mailing Address 4401 Greenwood Ave

City
West Palm BeachState
FLZip Code
33407Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		20		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

240.00

Transaction ID : SB17.9625

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Butler, Sherri, , ,

Mailing Address 789 Dixie Beach Circle

City
TamaracState
FLZip Code
33321Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.9526

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

735.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Butler, Sherri, , ,

Mailing Address 789 Dixie Beach Circle

City
TamaracState
FLZip Code
33321Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

425.00

Transaction ID : SB17.9579

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Butler, Sherri, , ,

Mailing Address 789 Dixie Beach Circle

City
TamaracState
FLZip Code
33321Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		19		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.9614

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Callhub

Mailing Address 340 S. Lemon Ave #7468

City
WalnutState
CAZip Code
91789Purpose of Disbursement
Software

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		18		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

5700.00

Transaction ID : SB17.9586

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6465.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Cardoso, Cristina, , ,

Mailing Address 10400 NW 30th Court #402

City
SunnysideState
FLZip Code
33322Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		05		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

170.00

Transaction ID : SB17.9492

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cardoso, Cristina, , ,

Mailing Address 10400 NW 30th Court #402

City
SunnysideState
FLZip Code
33322Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.9527

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cardoso, Cristina, , ,

Mailing Address 10400 NW 30th Court #402

City
SunnysideState
FLZip Code
33322Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		26		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

275.00

Transaction ID : SB17.9672

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

785.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Catrese Special Services

Mailing Address PO Box 681545 #110

City
MiamiState
FLZip Code
33168Purpose of Disbursement
Cleaning Service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

290.00

Transaction ID : SB17.9517

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Catrese Special Services

Mailing Address PO Box 681545 #110

City
MiamiState
FLZip Code
33168Purpose of Disbursement
Cleaning Service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		29		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

290.00

Transaction ID : SB17.9703

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CBS4 WFOR

Mailing Address 29905 Newtork Place

City
ChicagoState
ILZip Code
60673Purpose of Disbursement
Advertising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		14		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

8245.00

Transaction ID : SB17.9570

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8825.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. CBS4 WFOR

Mailing Address 29905 Newtork Place

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2022

City
ChicagoState
ILZip Code
60673Purpose of Disbursement
Advertising

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

5593.00

Transaction ID : SB17.9718

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

B. CBS4 WFOR

Mailing Address 29905 Newtork Place

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2022

City
ChicagoState
ILZip Code
60673Purpose of Disbursement
Advertising - Television

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

7437.00

Transaction ID : SB17.9734

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

c. Charles, LeChante, , ,

Mailing Address 18553 Tulip Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		05		2022

City
Fort MyersState
FLZip Code
33967Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

432.00

Transaction ID : SB17.9495

☐ Memo Item

State:

District:

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

13462.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Charles, LeChante, , ,

Mailing Address 18553 Tulip Rd

City
Fort MyersState
FLZip Code
33967Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		11		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

324.00

Transaction ID : SB17.9544

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Charles, LeChante, , ,

Mailing Address 18553 Tulip Rd

City
Fort MyersState
FLZip Code
33967Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		12		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.9551

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Charles, LeChante, , ,

Mailing Address 18553 Tulip Rd

City
Fort MyersState
FLZip Code
33967Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		20		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

2408.00

Transaction ID : SB17.9631

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3032.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Claude, Cheyenne, , ,

Mailing Address 6027 SW 36th Ct #B

City
MiramarState
FLZip Code
33023Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.9655

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Claude, Cheyenne, , ,

Mailing Address 6027 SW 36th Ct #B

City
MiramarState
FLZip Code
33023Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

240.00

Transaction ID : SB17.9656

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Court Yard Office Plaza

Mailing Address 4577 N. Nob Hill Rd

City
SunriseState
FLZip Code
33351Purpose of Disbursement
Rent

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		11		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

4780.83

Transaction ID : SB17.9546

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5320.83

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Devonish, Jennifer, , ,

Mailing Address 5040 NE 7th Terrace

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		05		2022

City
Pompano BeachState
FLZip Code
33064Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

204.00

Transaction ID : SB17.9494

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

B. Devonish, Jennifer, , ,

Mailing Address 5040 NE 7th Terrace

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2022

City
Pompano BeachState
FLZip Code
33064Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

204.00

Transaction ID : SB17.9654

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

C. Devonish, Jennifer, , ,

Mailing Address 5040 NE 7th Terrace

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		26		2022

City
Pompano BeachState
FLZip Code
33064Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

340.00

Transaction ID : SB17.9671

☐ Memo Item

State:

District:

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

748.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Doganieri, Kameron, , ,

Mailing Address 7050 SW 59th St

City
Southwest RanchesState
FLZip Code
33331Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

187.00

Transaction ID : SB17.9505

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Doganieri, Kameron, , ,

Mailing Address 7050 SW 59th St

City
Southwest RanchesState
FLZip Code
33331Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

561.00

Transaction ID : SB17.9610

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DOORDASH

Mailing Address 901 Market Street #6

City
San FranciscoState
CAZip Code
94103Purpose of Disbursement
Food for Staff

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

9.99

Transaction ID : SB17.9477

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

757.99

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. DOORDASH

Mailing Address 901 Market Street #6

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2022

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

9.99

Transaction ID : SB17.9712

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dray, Emily, , ,

Mailing Address 310 NW 197th Ave

City

Pembroke Pines

State

FL

Zip Code

33029

Purpose of Disbursement

Wages

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2022

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

961.00

Transaction ID : SB17.9503

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Dray, Emily, , ,

Mailing Address 310 NW 197th Ave

City

Pembroke Pines

State

FL

Zip Code

33029

Purpose of Disbursement

Wages

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2022

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

961.00

Transaction ID : SB17.9547

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1931.99

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Dray, Emily, , ,

Mailing Address 310 NW 197th Ave

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		19		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

217.00

Transaction ID : SB17.9606

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dray, Emily, , ,

Mailing Address 310 NW 197th Ave

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

750.00

Transaction ID : SB17.9737

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Dulcio, Nelcie, , ,

Mailing Address 1309 SW 81st Terrace N

City
LauderdaleState
FLZip Code
33068Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		02		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

892.50

Transaction ID : SB17.9729

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1859.50

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Duncan, Carlene, , ,

Mailing Address 1851 NW 15th St

City
Pompano BeachState
FLZip Code
33069Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	19	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

535.00

Transaction ID : SB17.9607

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Duncan, Carlene, , ,

Mailing Address 1851 NW 15th St

City
Pompano BeachState
FLZip Code
33069Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	26	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

450.00

Transaction ID : SB17.9674

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Eiler, Morgan, , ,

Mailing Address 5731 SW 162nd Ave

City
Southwest RanchesState
FLZip Code
33331Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	18	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

97.50

Transaction ID : SB17.9588

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1082.50

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Eiler, Morgan, , ,

Mailing Address 5731 SW 162nd Ave

City
Southwest RanchesState
FLZip Code
33331Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

217.50

Transaction ID : SB17.9597

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Eiler, Morgan, , ,

Mailing Address 5731 SW 162nd Ave

City
Southwest RanchesState
FLZip Code
33331Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

150.00

Transaction ID : SB17.9697

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Estiverne, Guerda, , ,

Mailing Address 4203 SW 124th Terrace

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.9740

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

867.50

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Feldman, Samantha, , ,

Mailing Address 17809 NW 16th St

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	06	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

242.25

Transaction ID : SB17.9504

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Feldman, Samantha, , ,

Mailing Address 17809 NW 16th St

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	19	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

561.00

Transaction ID : SB17.9611

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Florida Democratic Party

Mailing Address 201 South Monroe Street, Suite 300

City
TallahasseeState
FLZip Code
32301Purpose of Disbursement
Contribution to State Democratic Party

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	27	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.9678

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5803.25

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Forestal, Stacey, , ,

Mailing Address 5170 NW 73rd Way

City
LauderhillState
FLZip Code
33319Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

892.50

Transaction ID : SB17.9732

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friend, Jaimie, , ,

Mailing Address 6640 Raleigh Street

City
HollywoodState
FLZip Code
33024Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	7		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.9523

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friend, Jaimie, , ,

Mailing Address 6640 Raleigh Street

City
HollywoodState
FLZip Code
33024Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.9553

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1892.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Friend, Jaimie, , ,

Mailing Address 6640 Raleigh Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		19		2022

City
HollywoodState
FLZip Code
33024Purpose of Disbursement
Wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.9612

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friend, Jaimie, , ,

Mailing Address 6640 Raleigh Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		27		2022

City
HollywoodState
FLZip Code
33024Purpose of Disbursement
Wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.9688

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friend, Jaimie, , ,

Mailing Address 6640 Raleigh Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		02		2022

City
HollywoodState
FLZip Code
33024Purpose of Disbursement
Wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.9725

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1500.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Future Adventures

Mailing Address 13020 SW 30th Ct

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2022

City
DavieState
FLZip Code
33330Purpose of Disbursement
Compliance Consulting

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

875.00

Transaction ID : SB17.9514

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Future Adventures

Mailing Address 13020 SW 30th Ct

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2022

City
DavieState
FLZip Code
33330Purpose of Disbursement
Compliance Consulting

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

1131.22

Transaction ID : SB17.9519

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Future Adventures

Mailing Address 13020 SW 30th Ct

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2022

City
DavieState
FLZip Code
33330Purpose of Disbursement
Compliance Consulting

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

2036.49

Transaction ID : SB17.9628

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

4042.71

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. G-4 Consulting

Mailing Address 19485 SW 67TH Street

City
Pembroke PinesState
FLZip Code
33332Purpose of Disbursement
Campaign Consultant

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		12		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17.9557

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. G-4 Consulting

Mailing Address 19485 SW 67TH Street

City
Pembroke PinesState
FLZip Code
33332Purpose of Disbursement
Campaign Consultant

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		28		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17.9689

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. G-4 Consulting

Mailing Address 19485 SW 67TH Street

City
Pembroke PinesState
FLZip Code
33332Purpose of Disbursement
Campaign Consultant

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		28		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17.9693

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2100.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Galloway, Clint, , ,

Mailing Address 2831 Ave South

City
Riviera BeachState
FLZip Code
33404Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		11		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.9537

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Galloway, Clint, , ,

Mailing Address 2831 Ave South

City
Riviera BeachState
FLZip Code
33404Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		11		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

408.00

Transaction ID : SB17.9539

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Galloway, Clint, , ,

Mailing Address 2831 Ave South

City
Riviera BeachState
FLZip Code
33404Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

476.00

Transaction ID : SB17.9657

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1224.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Galloway, Clint, , ,

Mailing Address 2831 Ave South

City
Riviera BeachState
FLZip Code
33404Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

408.00

Transaction ID : SB17.9658

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gaspard, Bianca, , ,

Mailing Address 2911 NW 56th Ave #C1

City
LauderhillState
FLZip Code
33313Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		06		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.9502

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Gaspard, Bianca, , ,

Mailing Address 2911 NW 56th Ave #C1

City
LauderhillState
FLZip Code
33313Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		12		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

323.00

Transaction ID : SB17.9550

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1071.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Gaspard, Bianca, , ,

Mailing Address 2911 NW 56th Ave #C1

City
LauderhillState
FLZip Code
33313Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		19		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.9605

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GMTC Management LLC

Mailing Address 18612 SW 41st Street

City
MiramarState
FLZip Code
33029Purpose of Disbursement
Management consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

503.42

Transaction ID : SB17.9645

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. GMTC Management LLC

Mailing Address 18612 SW 41st Street

City
MiramarState
FLZip Code
33029Purpose of Disbursement
Management consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

193.94

Transaction ID : SB17.9646

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1037.36

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Hartman, Manny, , ,

Mailing Address 3131 SW 16th Terrace

City
MiamiState
FLZip Code
33145Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	7		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.9509

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hartman, Manny, , ,

Mailing Address 3133 SW 16th Terrace

City
MiamiState
FLZip Code
33147Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.9561

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hartman, Manny, , ,

Mailing Address 3133 SW 16th Terrace

City
MiamiState
FLZip Code
33147Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.9596

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1500.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Hartman, Manny, , ,

Mailing Address 3133 SW 16th Terrace

City
MiamiState
FLZip Code
33147Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		02		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.9719

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hastings, Ahmauree, , ,

Mailing Address 1570 SW 101st Terrace #203

City
Pembroke PinesState
FLZip Code
33025Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		21		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

560.00

Transaction ID : SB17.9635

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Hastings, Ahmauree, , ,

Mailing Address 1570 SW 101st Terrace #203

City
Pembroke PinesState
FLZip Code
33025Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

450.00

Transaction ID : SB17.9741

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1510.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. JA Marketing

Mailing Address 616 Clearwater Park Rd #213

Date of Disbursement

M M	D D	Y Y Y Y
07	29	2022

City
West Palm BeachState
FLZip Code
33401Purpose of Disbursement
Advertising

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

24998.00

Transaction ID : SB17.9695

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

B. Jarett, Jada, , ,

Mailing Address 15942 NW 15th Manor

Date of Disbursement

M M	D D	Y Y Y Y
07	01	2022

City
Pompano BeachState
FLZip Code
33069Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

255.00

Transaction ID : SB17.9484

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

C. Jarett, Jada, , ,

Mailing Address 15942 NW 15th Manor

Date of Disbursement

M M	D D	Y Y Y Y
07	11	2022

City
Pompano BeachState
FLZip Code
33069Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

195.00

Transaction ID : SB17.9540

☐ Memo Item

State:

District:

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

25448.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Jarett, Jada, , ,

Mailing Address 15942 NW 15th Manor

City
Pompano BeachState
FLZip Code
33069Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		29		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.9698

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JETBLUE

Mailing Address 2701 Queen Plaza North

City
QueensState
NYZip Code
11101Purpose of Disbursement
Air Travel

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

57.00

Transaction ID : SB17.9648

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Jeune, Maguerite, , ,

Mailing Address 7760 NW 50 St #201

City
LauderdaleState
FLZip Code
33351Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		02		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

892.50

Transaction ID : SB17.9727

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1204.50

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Jules, Guerda, , ,

Mailing Address 7331 Plantation Blvd

City
MiramarState
FLZip Code
33023Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		11		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

240.00

Transaction ID : SB17.9534

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jules, Guerda, , ,

Mailing Address 7331 Plantation Blvd

City
MiramarState
FLZip Code
33023Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		27		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

120.00

Transaction ID : SB17.9683

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jules, Guerda, , ,

Mailing Address 7331 Plantation Blvd

City
MiramarState
FLZip Code
33023Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		27		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

240.00

Transaction ID : SB17.9684

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

600.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Jules, Guerda, , ,

Mailing Address 7331 Plantation Blvd

City
MiramarState
FLZip Code
33023Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

240.00

Transaction ID : SB17.9685

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. King, Chailyn, , ,

Mailing Address 2908 SW 119th Way

City
MiramarState
FLZip Code
33025Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	7		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

365.00

Transaction ID : SB17.9507

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. King, Chailyn, , ,

Mailing Address 2908 SW 119th Way

City
MiramarState
FLZip Code
33025Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

450.00

Transaction ID : SB17.9629

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1055.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. King, Chailyn, , ,

Mailing Address 2908 SW 119th Way

City
MiramarState
FLZip Code
33025Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

450.00

Transaction ID : SB17.9735

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kronos Films

Mailing Address 12600 SW 5th Ct #415

City
Pembroke PinesState
FLZip Code
33027Purpose of Disbursement
Video Production

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		05		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.9497

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kronos Films

Mailing Address 12600 SW 5th Ct #415

City
Pembroke PinesState
FLZip Code
33027Purpose of Disbursement
Video Production

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		12		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.9552

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3450.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Kronos Films

Mailing Address 12600 SW 5th Ct #415

City
Pembroke PinesState
FLZip Code
33027Purpose of Disbursement
Video Production

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		19		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.9604

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kronos Films

Mailing Address 12600 SW 5th Ct #415

City
Pembroke PinesState
FLZip Code
33027Purpose of Disbursement
Video Production

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

950.00

Transaction ID : SB17.9668

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kronos Films

Mailing Address 12600 SW 5th Ct #415

City
Pembroke PinesState
FLZip Code
33027Purpose of Disbursement
Video Production

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.9736

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3950.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. LaBranche, Emmanuela, , ,

Mailing Address 551 NW 42nd Ave #709B

City
Fort LauderdaleState
FLZip Code
33317Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

408.00

Transaction ID : SB17.9481

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LaBranche, Emmanuela, , ,

Mailing Address 551 NW 42nd Ave #709B

City
Fort LauderdaleState
FLZip Code
33317Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

646.00

Transaction ID : SB17.9520

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LaBranche, Emmanuela, , ,

Mailing Address 551 NW 42nd Ave #709B

City
Fort LauderdaleState
FLZip Code
33317Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		14		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

497.25

Transaction ID : SB17.9568

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1551.25

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. LaBranche, Emmanuela, , ,

Mailing Address 551 NW 42nd Ave #709B

City
Fort LauderdaleState
FLZip Code
33317Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		20		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

518.50

Transaction ID : SB17.9621

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LaBranche, Emmanuela, , ,

Mailing Address 551 NW 42nd Ave #709B

City
Fort LauderdaleState
FLZip Code
33317Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		28		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

654.50

Transaction ID : SB17.9690

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LaFauci, Karina, , ,

Mailing Address 925 NW 199th Terr

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

341.25

Transaction ID : SB17.9714

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1514.25

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
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)

A. Lambert, Christina, , ,

Mailing Address 278 Cypress Trce

City
Royal Palm BeachState
FLZip Code
33411Purpose of Disbursement
Campaign Consultant

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.9479

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Long, Katrina, , ,

Mailing Address 4212 Heath Cir S

City
West Palm BeachState
FLZip Code
33407Purpose of Disbursement
Campaign Consultant

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		27		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.9682

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Mail Chimp

Mailing Address 675 Ponce De Leon Ave #5000

City
AtlantaState
GAZip Code
30308Purpose of Disbursement
Software

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		11		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

106.50

Transaction ID : SB17.9531

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6106.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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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)

A. Major, Janice, , ,

Mailing Address 411 NW 1st Ave

City
Deerfield BeachState
FLZip Code
33441Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		19		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

352.50

Transaction ID : SB17.9601

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Major, Janice, , ,

Mailing Address 411 NW 1st Ave

City
Deerfield BeachState
FLZip Code
33441Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		26		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

375.00

Transaction ID : SB17.9673

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Majuste, Nancy, , ,

Mailing Address 3621 NW 32nd Ave

City
Lauderdale LakesState
FLZip Code
33309Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		02		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

892.50

Transaction ID : SB17.9731

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1620.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Mann, Kenyall, , ,

Mailing Address 727 W Tiffany Dr #3

City
Mangonia ParkState
FLZip Code
33407Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	7		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

240.00

Transaction ID : SB17.9516

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mann, Kenyall, , ,

Mailing Address 727 W Tiffany Dr #3

City
Mangonia ParkState
FLZip Code
33407Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

240.00

Transaction ID : SB17.9599

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Masseria, John, , ,

Mailing Address 13020 SW 30th Ct

City
DavieState
FLZip Code
33330Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.9623

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2980.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. McCormick, Twana, , ,

Mailing Address 4593 SW 132nd Ave

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

950.00

Transaction ID : SB17.9518

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. McCormick, Twana, , ,

Mailing Address 4593 SW 132nd Ave

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		19		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

950.00

Transaction ID : SB17.9603

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. McCormick, Twana, , ,

Mailing Address 4593 SW 132nd Ave

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		27		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

950.00

Transaction ID : SB17.9687

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2850.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Mitchell Ceasar P.A.

Mailing Address 8181 West Broward Blvd Suite 370

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2022

City
PlantationState
FLZip Code
33324Purpose of Disbursement
Legal

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

6000.00

Transaction ID : SB17.9480

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mitchell Ceasar P.A.

Mailing Address 8181 West Broward Blvd Suite 370

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		20		2022

City
PlantationState
FLZip Code
33324Purpose of Disbursement
Legal

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

6000.00

Transaction ID : SB17.9627

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Mouscardy, Guercy, , ,

Mailing Address 2140 N. Sherman Circle #205

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2022

City
MiramarState
FLZip Code
33025Purpose of Disbursement
Wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

501.50

Transaction ID : SB17.9482

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

12501.50

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Mouscardy, Guercy, , ,

Mailing Address 2140 N. Sherman Circle #205

City
MiramarState
FLZip Code
33025Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

646.00

Transaction ID : SB17.9528

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mouscardy, Guercy, , ,

Mailing Address 2140 N. Sherman Circle #205

City
MiramarState
FLZip Code
33025Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

497.25

Transaction ID : SB17.9585

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mouscardy, Guercy, , ,

Mailing Address 2140 N. Sherman Circle #205

City
MiramarState
FLZip Code
33025Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

549.00

Transaction ID : SB17.9647

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1692.25

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Mouscardy, Guercy, , ,

Mailing Address 2140 N. Sherman Circle #205

City
MiramarState
FLZip Code
33025Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

693.00

Transaction ID : SB17.9694

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Murray, Alexis, , ,

Mailing Address 2908 sw 119th way

City
MiramarState
FLZip Code
33025Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	7		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.9512

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Murray, Alexis, , ,

Mailing Address 2908 sw 119th way

City
MiramarState
FLZip Code
33025Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.9639

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1288.00

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

**SCHEDULE B (FEC Form 3)
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. NBC6

Mailing Address 10701 SW 90th Ave

City
MiamiState
FLZip Code
33176Purpose of Disbursement
Advertising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		21		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

13302.00

Transaction ID : SB17.9637

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Nelson, Karim, , ,

Mailing Address 5175 Island Club Drive

City
TamaracState
FLZip Code
33319Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

476.00

Transaction ID : SB17.9577

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Nelson, Karim, , ,

Mailing Address 5175 Island Club Drive

City
TamaracState
FLZip Code
33319Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

488.00

Transaction ID : SB17.9667

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

14266.00

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

SCHEDULE B (FEC Form 3)
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Nelson, Karim, , ,

Mailing Address 5175 Island Club Drive

City
TamaracState
FLZip Code
33319Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		29		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

616.00

Transaction ID : SB17.9701

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Newsone, Wayne, , ,

Mailing Address 2025 Southeast Lennard Rd #203

City
Port St. LucieState
FLZip Code
34952Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

408.00

Transaction ID : SB17.9508

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Newsone, Wayne, , ,

Mailing Address 2025 Southeast Lennard Rd #203

City
Port St. LucieState
FLZip Code
34952Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		14		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

357.00

Transaction ID : SB17.9566

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1381.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Newsone, Wayne, , ,

Mailing Address 2025 Southeast Lennard Rd #203

City
Port St. LucieState
FLZip Code
34952Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	25	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

433.00

Transaction ID : SB17.9649

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ofoezie, Eric, , ,

Mailing Address 5341 SW 6th St

City
PlantationState
FLZip Code
33317Purpose of Disbursement
Campaign event - music entertainment

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	12	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.9556

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Payout, Jude, , ,

Mailing Address 18612 SW 41st Street

City
MiramarState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	01	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1673.97

Transaction ID : SB17.9486

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2606.97

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Payout, Jude, , ,

Mailing Address 18612 SW 41st Street

City
MiramarState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1474.31

Transaction ID : SB17.9529

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Payout, Jude, , ,

Mailing Address 18612 SW 41st Street

City
MiramarState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		18		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1706.00

Transaction ID : SB17.9591

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Payout, Jude, , ,

Mailing Address 18612 SW 41st Street

City
MiramarState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		20		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1360.51

Transaction ID : SB17.9619

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4540.82

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Payout, Jude, , ,

Mailing Address 18612 SW 41st Street

City
MiramarState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		29		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1745.29

Transaction ID : SB17.9702

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Pebble Mills Production LLC

Mailing Address 2331 N State Rd 7, Suite 203

City
LauderdaleState
FLZip Code
33313Purpose of Disbursement
Radio Buy

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		19		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.9616

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Philistin, Guilene, , ,

Mailing Address 3365 NW 32nd St

City
LauderdaleState
FLZip Code
33309Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		11		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

608.00

Transaction ID : SB17.9545

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6353.29

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Philistin, Guilene, , ,

Mailing Address 3365 NW 32nd St

City
LauderdaleState
FLZip Code
33309Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		29		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

468.00

Transaction ID : SB17.9696

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Philistin, Guilene, , ,

Mailing Address 3365 NW 32nd St

City
LauderdaleState
FLZip Code
33309Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		29		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

488.00

Transaction ID : SB17.9699

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Philistin, Guilene, , ,

Mailing Address 3365 NW 32nd St

City
LauderdaleState
FLZip Code
33309Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		29		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

616.00

Transaction ID : SB17.9700

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1572.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Powell, Khamal, , ,

Mailing Address 2908 sw 119th way

City
MiramarState
FLZip Code
33025Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	7		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.9511

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Powell, Khamal, , ,

Mailing Address 2908 sw 119th way

City
MiramarState
FLZip Code
33025Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

365.00

Transaction ID : SB17.9640

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Reese, Robert, , ,

Mailing Address 1851 NW 15th Street

City
Pompano BeachState
FLZip Code
33069Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

535.00

Transaction ID : SB17.9609

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1155.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Reese, Robert, , ,

Mailing Address 1851 NW 15th Street

City
Pompano BeachState
FLZip Code
33069Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

450.00

Transaction ID : SB17.9675

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Rhai Network Inc.

Mailing Address 1650 W DIXIE HWY #201

City
Boca RatonState
FLZip Code
33432Purpose of Disbursement
Advertising - Radio

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

5500.00

Transaction ID : SB17.9680

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Robertson, Jerry, , ,

Mailing Address 825 29th Street

City
West Palm BeachState
FLZip Code
33407Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	7		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

408.00

Transaction ID : SB17.9510

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6358.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Robertson, Jerry, , ,

Mailing Address 825 29th Street

City
West Palm BeachState
FLZip Code
33407Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

476.00

Transaction ID : SB17.9583

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robertson, Jerry, , ,

Mailing Address 825 29th Street

City
West Palm BeachState
FLZip Code
33407Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		02		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

408.00

Transaction ID : SB17.9720

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Rodriguez, Marilyn, , ,

Mailing Address 9326 NW 9th Ave

City
PlantationState
FLZip Code
33324Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.9525

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1139.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Rodriguez, Marilyn, , ,

Mailing Address 9326 NW 9th Ave

City
PlantationState
FLZip Code
33324Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

425.00

Transaction ID : SB17.9584

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Rodriguez, Marilyn, , ,

Mailing Address 9326 NW 9th Ave

City
PlantationState
FLZip Code
33324Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.9713

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Romeu, Jeffrey, , ,

Mailing Address 9055 SW 73rd Court

City
MiamiState
FLZip Code
33156Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		06		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

875.00

Transaction ID : SB17.9506

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1640.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Romeu, Jeffrey, , ,

Mailing Address 9055 SW 73rd Court

City
MiamiState
FLZip Code
33156Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		12		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.9558

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Romeu, Jeffrey, , ,

Mailing Address 9055 SW 73rd Court

City
MiamiState
FLZip Code
33156Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

875.00

Transaction ID : SB17.9643

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Sams Club

Mailing Address 2101 SE Simple Savings Drive

City
BentonvilleState
ARZip Code
72716Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

119.73

Transaction ID : SB17.9710

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1794.73

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Sams Club

Mailing Address 2101 SE Simple Savings Drive

City
BentonvilleState
ARZip Code
72716Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

119.73

Transaction ID : SB17.9711

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Seguin, Sophia, , ,

Mailing Address 9410 NW 8th Street

City
Pembroke PinesState
FLZip Code
33024Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		12		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

135.00

Transaction ID : SB17.9559

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Seguin, Sophia, , ,

Mailing Address 9410 NW 8th Street

City
Pembroke PinesState
FLZip Code
33024Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		19		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

303.75

Transaction ID : SB17.9613

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

558.48

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Shields, Denise, , ,

Mailing Address 1232 Golfside Drive

City
Winter ParkState
FLZip Code
32792Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		11		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

240.00

Transaction ID : SB17.9532

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Shields, Denise, , ,

Mailing Address 1232 Golfside Drive

City
Winter ParkState
FLZip Code
32792Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		11		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

240.00

Transaction ID : SB17.9533

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Shields, Denise, , ,

Mailing Address 1232 Golfside Drive

City
Winter ParkState
FLZip Code
32792Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		18		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

180.00

Transaction ID : SB17.9590

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

660.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Shields, Denise, , ,

Mailing Address 1232 Golfside Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2022

City
Winter ParkState
FLZip Code
32792Purpose of Disbursement
WagesCategory/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

240.00

Transaction ID : SB17.9663

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Shields, Paul, , ,

Mailing Address 1232 Golfside Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		11		2022

City
Winter ParkState
FLZip Code
32792Purpose of Disbursement
WagesCategory/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

240.00

Transaction ID : SB17.9538

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Shields, Paul, , ,

Mailing Address 1232 Golfside Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		11		2022

City
Winter ParkState
FLZip Code
32792Purpose of Disbursement
WagesCategory/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

240.00

Transaction ID : SB17.9541

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

720.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Sky Administration Inc.

Mailing Address 401 N Rosemary Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		18		2022

City
West Palm BeachState
FLZip Code
33401Purpose of Disbursement
Rent

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

2175.00

Transaction ID : SB17.9589

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

B. Smith, Weston, , ,

Mailing Address 6360 SW 41st Place

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		19		2022

City
DavieState
FLZip Code
33314Purpose of Disbursement
Radio Buy

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

1000.00

Transaction ID : SB17.9617

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

C. Smith, Weston, , ,

Mailing Address 6360 SW 41st Place

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		27		2022

City
DavieState
FLZip Code
33314Purpose of Disbursement
Radio Buy

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

5000.00

Transaction ID : SB17.9686

☐ Memo Item

State:

District:

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

8175.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. SP Backpacks USA

Mailing Address 20 W 33rd St

City
New YorkState
NYZip Code
10001Purpose of Disbursement
Purchase backpacks to distribute to school students

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	5		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

5200.20

Transaction ID : SB17.9488

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SP Backpacks USA

Mailing Address 20 W 33rd St

City
New YorkState
NYZip Code
10001Purpose of Disbursement
Purchase backpacks to distribute to school students

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

165.78

Transaction ID : SB17.9593

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. SP Backpacks USA

Mailing Address 20 W 33rd St

City
New YorkState
NYZip Code
10001Purpose of Disbursement
Purchase backpacks to distribute to school students

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

574.90

Transaction ID : SB17.9633

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5940.88

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. St.Fleur, Betina, , ,

Mailing Address 4400 Coral Springs Drive

City
Coral SpringsState
FLZip Code
33065Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

722.00

Transaction ID : SB17.9521

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. St.Fleur, Betina, , ,

Mailing Address 4400 Coral Springs Drive

City
Coral SpringsState
FLZip Code
33065Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		14		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

555.75

Transaction ID : SB17.9563

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. St.Fleur, Betina, , ,

Mailing Address 4400 Coral Springs Drive

City
Coral SpringsState
FLZip Code
33065Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		20		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

579.50

Transaction ID : SB17.9620

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1857.25

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. St.Fleur, Betina, , ,

Mailing Address 4400 Coral Springs Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		28		2022

City
Coral SpringsState
FLZip Code
33065Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

731.50

Transaction ID : SB17.9691

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

B. Staples

Mailing Address 500 Staples Dr.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2022

City
FraminghamState
MAZip Code
01702Purpose of Disbursement
Office Supplies

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

389.79

Transaction ID : SB17.9708

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

c. The Jackson-Moore Group

Mailing Address PO Box 3053

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		18		2022

City
Belle GladeState
FLZip Code
33430Purpose of Disbursement
Software

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

14000.00

Transaction ID : SB17.9587

☐ Memo Item

State:

District:

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

15121.29

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. The Jackson-Moore Group

Mailing Address PO Box 3053

City
Belle GladeState
FLZip Code
33430Purpose of Disbursement
Campaign Consultant

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		27		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

3100.00

Transaction ID : SB17.9491

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TRUIST

Mailing Address 3401 N Pine Island Rd

City
SunriseState
FLZip Code
33351Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		21		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

32.00

Transaction ID : SB17.9638

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tumbling, Dennis, , ,

Mailing Address 1851 NW 15th Street

City
Pompano BeachState
FLZip Code
33069Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		19		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

510.00

Transaction ID : SB17.9595

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3642.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Tumbling, Dennis, , ,

Mailing Address 1851 NW 15th Street

City
Pompano BeachState
FLZip Code
33069Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		26		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

425.00

Transaction ID : SB17.9670

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Vereen, Wayne, , ,

Mailing Address 2420 NW 7th St.

City
Pompano BeachState
FLZip Code
33069Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

480.00

Transaction ID : SB17.9485

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Vereen, Wayne, , ,

Mailing Address 2420 NW 7th St.

City
Pompano BeachState
FLZip Code
33069Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

480.00

Transaction ID : SB17.9530

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1385.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Vereen, Wayne, , ,

Mailing Address 2420 NW 7th St.

City
Pompano BeachState
FLZip Code
33069Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

480.00

Transaction ID : SB17.9578

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Vereen, Wayne, , ,

Mailing Address 2420 NW 7th St.

City
Pompano BeachState
FLZip Code
33069Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

480.00

Transaction ID : SB17.9644

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Vereen, Wayne, , ,

Mailing Address 2420 NW 7th St.

City
Pompano BeachState
FLZip Code
33069Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		28		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

480.00

Transaction ID : SB17.9692

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1440.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. VIRAL BRANDING

Mailing Address 233 S Federal Highway, Suite 108

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		05		2022

City
Boca RatonState
FLZip Code
33432Purpose of Disbursement
Design consulting

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

12120.00

Transaction ID : SB17.9489

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

B. Wallace, Juma, , ,

Mailing Address 6821 SW 7th Place

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2022

City
North LauderdaleState
FLZip Code
33068Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

456.00

Transaction ID : SB17.9716

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

c. Web Elect

Mailing Address 10150 Highland Manor Dr #200

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		26		2022

City
TampaState
FLZip Code
33610Purpose of Disbursement
Software

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

2556.45

Transaction ID : SB17.9669

☐ Memo Item

State:

District:

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

15132.45

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. White, Kathrine, , ,

Mailing Address 200 SW 6th Ave

City
North LauderdaleState
FLZip Code
33068Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		07		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.9524

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. White, Kathrine, , ,

Mailing Address 200 SW 6th Ave

City
North LauderdaleState
FLZip Code
33068Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		12		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.9548

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. White, Kathrine, , ,

Mailing Address 200 SW 6th Ave

City
North LauderdaleState
FLZip Code
33068Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		20		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.9624

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1250.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. White, Kathrine, , ,

Mailing Address 200 SW 6th Ave

City
North LauderdaleState
FLZip Code
33068Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		02		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.9733

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WPBF25

Mailing Address 3970 RCA Blvd #7007

City
Palm Beach GardensState
FLZip Code
33410Purpose of Disbursement
Advertising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		14		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

18300.00

Transaction ID : SB17.9572

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WPBF25

Mailing Address 3970 RCA Blvd #7007

City
Palm Beach GardensState
FLZip Code
33410Purpose of Disbursement
Advertising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		29		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

5061.25

Transaction ID : SB17.9705

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

23861.25

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
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)

A. WPEC CBS12

Mailing Address 2975 Regent Blvd

City
IrvingState
TXZip Code
75063Purpose of Disbursement
Advertising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

4675.00

Transaction ID : SB17.9723

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WPEC CBS12

Mailing Address 2975 Regent Blvd

City
IrvingState
TXZip Code
75063Purpose of Disbursement
Advertising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

7203.25

Transaction ID : SB17.9724

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WPLG

Mailing Address 3401 W Hallandale Beach Blvd

City
Pembroke ParkState
FLZip Code
33023Purpose of Disbursement
Television advertising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

23842.80

Transaction ID : SB17.9581

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

35721.05

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. WPLG

Mailing Address 3401 W Hallandale Beach Blvd

Date of Disbursement

M M	D D	Y Y Y Y
07	29	2022

City
Pembroke ParkState
FLZip Code
33023Purpose of Disbursement
Advertising

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

6523.00

Transaction ID : SB17.9704

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. WPTV

Mailing Address PO Box 947910

Date of Disbursement

M M	D D	Y Y Y Y
07	14	2022

City
AtlantaState
GAZip Code
30394Purpose of Disbursement
Advertising

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1242.50

Transaction ID : SB17.9565

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. WPTV

Mailing Address PO Box 947910

Date of Disbursement

M M	D D	Y Y Y Y
08	01	2022

City
AtlantaState
GAZip Code
30394Purpose of Disbursement
Advertising

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

7220.75

Transaction ID : SB17.9717

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

14986.25

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
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)

A. WSVN

Mailing Address 1401 79th Street Causeway

City
MiamiState
FLZip Code
33141Purpose of Disbursement
Advertising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

23970.00

Transaction ID : SB17.9574

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WSVN

Mailing Address 1401 79th Street Causeway

City
MiamiState
FLZip Code
33141Purpose of Disbursement
Advertising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		29		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

8202.50

Transaction ID : SB17.9706

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

32172.50

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

401935.14

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 95 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4114

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03^MD 15^D

Y 2020 Y

M M

D D

Y 9/1/2020 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

50000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 96 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6487

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2020

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M /

D 20 D /

Y 2021 Y

M M /

D D /

Y 01/13/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

5000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6488

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M /

D 26 D /

Y 2021 Y

M M /

D D /

Y 01/13/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

5000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6489

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

7.00

0.00

7.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 01 D

Y 2021 Y

M M

D D

Y 01/13/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

7.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6490

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 06 M

D 01 D

Y 2021 Y

M M

D D

Y 01/13/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

100000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6491

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

200000.00

Cumulative Payment To Date

2019568.50

Balance Outstanding at Close of This Period

- 1819568.50

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 06 M

D 14 D

Y 2021 Y

M M

D D

Y 01/13/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

- 1819568.50

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6492

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

2000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 24 D

Y 2021 Y

M M

D D

Y 01/13/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

2000000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7308

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 07 M /

D 08 D /

Y 2021 Y

M M /

D D /

Y 12/31/2025 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

5000.00

TOTALS This Period (last page in this line only).....▶

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

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LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7309

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 07^MD 12^DY 2021^Y

M M

D D

Y 12/31/2025^Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

25000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7310

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 07^MD 14^DY 2021^Y

M M

D D

Y 12/31/2025^Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

25000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7311

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

150000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 07^M /D 21^D /Y 2021^Y

M M /

D D /

Y 12/31/2025^Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

150000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7312

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

45000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

45000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 07^M /D 29^D /Y 2021^Y

M M /

D D /

Y 12/31/2025^Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

45000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7313

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

60000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

60000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M

D 02 D

Y 2021 Y

M M

D D

Y 12/31/2025 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

60000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7314

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

22368.38

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

22368.38

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 08 M

/ D 05 D

/ Y 2021 Y

M M

/ D D

/ Y 12/31/2025 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

22368.38

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7315

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M

D 09 D

Y 2021 Y

M M

D D

Y 12/31/2025 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

50000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7316

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M

D 17 D

Y 2021 Y

M M

D D

Y 12/31/2025 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

10000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7317

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M

D 18 D

Y 2021 Y

M M

D D

Y 12/31/2025 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

20000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7318

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 08 M /

D 19 D /

Y 2021 Y

M M /

D D /

Y 12/31/25 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

40000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 113 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7319

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

52700.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

52700.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M

D 23 D

Y 2021 Y

M M

D D

Y 12/31/25 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

52700.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7320

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M /

D 25 D /

Y 2021 Y

M M /

D D /

Y 12/31/25 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

20000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7321

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

23000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

23000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M /

D 31 D /

Y 2021 Y

M M /

D D /

Y 12/31/25 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

23000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 116 OF 188

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7322

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 01 D

Y 2021 Y

M M

D D

Y 12/31/25 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

50000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 117 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7323

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

75000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

75000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 03 D

Y 2021 Y

M M

D D

Y 12/31/25 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

75000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 118 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7324

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 03 D

Y 2021 Y

M M

D D

Y 12/31/25 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

20000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 119 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7325

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 09 M

D 15 D

Y 2021 Y

M M

D D

Y 12/31/25 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

100000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7326

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 21 D

Y 2021 Y

M M

D D

Y 12/31/25 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

30000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 121 OF 188

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7327

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 22 D

Y 2021 Y

M M

D D

Y 12/31/25 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

30000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 122 OF 188

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7328

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

126101.63

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

126101.63

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 23 D

Y 2021 Y

M M

D D

Y 12/31/25 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

126101.63

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 123 OF 188

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7329

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 24 D

Y 2021 Y

M M

D D

Y 12/31/25 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

30000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7330

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

94587.93

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

94587.93

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 27 D

Y 2021 Y

M M

D D

Y 12/30/25 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

94587.93

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 125 OF 188

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9995

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 27 D

Y 2021 Y

M M

D D

Y 12/30/2025 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

40000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 126 OF 188

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7331

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

60000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

60000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 10 M /

D 01 D /

Y 2021 Y

M M /

D D /

Y 12/31/25 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

60000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 127 OF 188

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7332

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M /

D 04 D /

Y 2021 Y

M M /

D D /

Y 12/31/25 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

50000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 128 OF 188

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7333

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

18000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

18000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M /

D 05 D /

Y 2021 Y

M M /

D D /

Y 12/31/25 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

18000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7334

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M /

D 07 D /

Y 2021 Y

M M /

D D /

Y 12/31/25 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

20000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7335

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

152000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

152000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M /

D 08 D /

Y 2021 Y

M M /

D D /

Y 12/31/25 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

152000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9990

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

341000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

341000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M /

D 23 D /

Y 2021 Y

M M /

D D /

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

341000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.10669

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

8893.56

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

8893.56

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M /

D 26 D /

Y 2021 Y

M M /

D D /

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

8893.56

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.10670

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

7200.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

7200.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10^MD 27^D

Y 2021 Y

M M

D D

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

7200.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.10671

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

2700.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2700.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 10 M

D 27 D

Y 2021 Y

M M

D D

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

2700.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8179

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10^MD 28^D

Y 2021 Y

M M

D D

Y 12/31/2024 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

50000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8180

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-General

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

290000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

290000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 11 M

D 04 D

Y 2021 Y

M M

D D

Y 12/31/2024 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

290000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8181

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-General

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

105000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

105000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 12^MD 02^DY 2021^Y

M M

D D

Y 12/31/2024^Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

105000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 138 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8182

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-General

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 12^MD 13^DY 2021^Y

M M

D D

Y 12/31/2024^Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

40000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 139 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.10000

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-General

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

26000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

26000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 12^M/ D 22^D

/ Y 2021 Y

M M

/ D D

/ Y 12/31/2024 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

26000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8184

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-General

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

70000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

70000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 01 M

D 09 D

Y 2022 Y

M M

D D

Y 12/31/2024 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

70000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 141 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8185

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 01 M /

D 18 D /

Y 2022 Y

M M /

D D /

Y 12/31/2024 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

10000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 142 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8186

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M

D 19 D

Y 2022 Y

M M

D D

Y 12/31/2024 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

20000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 143 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8187

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M

D 20 D

Y 2022 Y

M M

D D

Y 12/31/2024 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

15000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 144 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8873

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 02 M /

D 01 D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

25000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 145 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8874

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 02 M

/ D 09 D

/ Y 2022 Y

M M

/ D D

/ Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

30000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 146 OF 188

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8875

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 02 /

D 14 /

Y 2022 /

M M /

D D /

Y 12/31/2023 /

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

10000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 147 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8876

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 02 M /

D 15 D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 148 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8877

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

35000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

35000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 02 M

D 17 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

35000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 149 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8878

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M /

D 01 D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

5000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 150 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8879

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

37000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

37000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M

D 03 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

37000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 151 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8880

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 03^MD 18^D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

20000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 152 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8881

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 03 M

D 25 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

5000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9443

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

5500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M /

D 01 D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

5500.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 154 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9444

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

400.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

400.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 04 M /

D 01 D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

400.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 155 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9446

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

9170.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

9170.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 04 M /

D 12 D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

9170.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 156 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9447

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 04 M /

D 25 D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

10000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9448

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 05 M

D 11 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

10000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
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Detailed Summary Page

PAGE 158 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9449

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 13 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
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Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9450

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 13 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9451

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

21836.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

21836.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 05 M

D 19 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

21836.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9452

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

2765.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2765.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 26 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

2765.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9453

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 31 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

5000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9454

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 05 M

D 31 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

10000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9455

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 06 M

D 03 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

5000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9456

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

6000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

6000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 06 M

D 07 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

6000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9457

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

11444.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

11444.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M /

D 10 D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

11444.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 167 OF 188

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9458

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

6000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

6000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 13 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

6000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9459

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

8500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

8500.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 06 M

D 14 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

8500.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 169 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9461

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

4000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M /

D 17 D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

4000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 170 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9462

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 21 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

5000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9463

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 21 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

25000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9464

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

17000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

17000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 24 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

17000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9465

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 /

D 27 /

Y 2022 /

M /

D /

Y 12/31/2023 /

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

10000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 174 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9466

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

12000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

12000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M /

D 28 D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

12000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 175 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9467

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

15500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15500.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 06 M /

D 28 D /

Y 2022 Y

M M /

D D /

Y 12/31/2022 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

15500.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 176 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9469

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

62000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

62000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 06 M /

D 29 D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

62000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9470

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

12000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

12000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 30 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

12000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 178 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9797

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

12120.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

12120.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 07^MD 01^D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

12120.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 179 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9798

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

15700.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15700.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 07 M

D 05 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

15700.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 180 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9799

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

36000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

36000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 07 M /

D 06 D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

36000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9800

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 07^MD 12^D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

15000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9801

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

150000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 07^MD 12^D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

150000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 183 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9802

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

52000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

52000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 07 M

D 15 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

52000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 184 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9803

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 07^MD 15^D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

10000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 185 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9804

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

4000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 07^M /D 27^D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

4000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 186 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9805

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 07^M /D 28^D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

5000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 187 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9806

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

60000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

60000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 07^M /D 29^D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

60000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 188 OF 188

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9808

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

75000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

75000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 08 M

D 03 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

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

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

75000.00

TOTALS This Period (last page in this line only).....▶

3648925.00

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