

**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)

499 S Capitol St SW

Suite 420

Washington

DC

20003

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

in the
State of

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

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

04

D D /

01

Y Y Y Y /

2023

through

M M /

06

D D /

30

Y Y Y Y /

2023

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 /

07

D D /

14

Y Y Y Y /

2023

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 / 149

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	4		0	1		2	0	2	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	3

	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))....	94723.00	19835.47
(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))	94723.00	19835.47
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	37275.51	29874.56
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	37275.51	29874.56
8. Cash on Hand at Close of Reporting Period (from Line 27)	106746.23	
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)	3849701.65	

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:

MM / DD / YYYY
04 / 01 / 2023

To:

MM / DD / YYYY
06 / 30 / 2023**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).....

49180.00

14895.00

(ii) Unitemized

43.00

4915.47

(iii) TOTAL of contributions
from individuals ▶

49223.00

19810.47

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

45500.00

0.00

(d) The Candidate

0.00

25.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

94723.00

19835.47

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

0.00

50000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00

50000.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)

0.00

0.00

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)..... ▶

94723.00

69835.47

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.....	37275.51	29874.56
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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) ►	37275.51	29874.56

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	49298.74
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	94723.00
25. SUBTOTAL (add Line 23 and Line 24).....	144021.74
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	37275.51
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	106746.23

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

Antelo, Cristina, , ,

Mailing Address 3701 38th St N

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ferox Strategies

Occupation

Lobbyist

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	3

Transaction ID : SA11AI.11042

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Actblue

Mailing Address Po Box 441146

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

66179.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	3

Transaction ID : SA11AI.11042.0

Amount of Each Receipt this Period

500.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

Arison, Zipora, , ,

Mailing Address 1700 s ocean Blvd

City

Lauderdale by the Sea

State

FL

Zip Code

33062

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

MD

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	2	3

Transaction ID : SA11AI.11089

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse 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. 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: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

12100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		25		2023

Transaction ID : SA11AI.11089.0

Amount of Each Receipt this Period

1000.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Balter, Jonathan, , ,

Mailing Address 2711 South Ocean Drive

City

Hollywood

State

FL

Zip Code

33019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		25		2023

Transaction ID : SA11AI.11088

Amount of Each Receipt this Period

2000.00

☐ 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: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

11100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		25		2023

Transaction ID : SA11AI.11088.0

Amount of Each Receipt this Period

2000.00

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

2000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

Beckles, Alexander, , ,

Mailing Address 1605 Oldbury Drive

City

Fort Washington

State

MD

Zip Code

20744

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alexander Beckles LLC

Occupation

Owner

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	2	3

Transaction ID : SA11AI.10930

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Bensmihen, Lisa, , ,

Mailing Address 665 SE 21st Ave

City

Deerfield Beach

State

FL

Zip Code

33441

FEC ID number of contributing
federal political committee.

C

Name of Employer

United Elder Care Services

Occupation

Home care

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	2	3

Transaction ID : SA11AI.11087

Amount of Each Receipt this Period

500.00

☐ Memo Item

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: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

9100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	2	3

Transaction ID : SA11AI.11087.0

Amount of Each Receipt this Period

500.00

☒ Memo Item

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

800.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial) Brown, Robert, , ,			Date of Receipt M M / D D / Y Y Y Y Y 06 / 22 / 2023	
Mailing Address 7293 NW 113th Ave			Transaction ID : SA11AI.11082	
City Parkland	State FL	Zip Code 33076	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Memo Item		
Name of Employer KeySource		Occupation General Counsel		
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date 500.00		
B. Full Name (Last, First, Middle Initial) Dahan, Lori, , ,			Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2023	
Mailing Address 6237 NW 23rd Road			Transaction ID : SA11AI.11095	
City Boca Raton	State FL	Zip Code 33434	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Memo Item		
Name of Employer Visiting Angels of SE Florida		Occupation Owner/Director		
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date 450.00		
C. Full Name (Last, First, Middle Initial) American Israel Public Affairs Committee PAC			Date of Receipt M M / D D / Y Y Y Y Y 06 / 01 / 2023	
Mailing Address 251 H Street NW			Transaction ID : SA11AI.11095.0	
City Washington	State DC	Zip Code 20001	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C C00797670		Memo Item		
Name of Employer		Occupation		
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date 12300.00		
SUBTOTAL of Receipts This Page (optional)..... ▶			700.00	
TOTAL This Period (last page this line number only)..... ▶				

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial) Davis, John, , ,			Date of Receipt M M / D D / Y Y Y Y Y 06 / 08 / 2023		
Mailing Address 6221 9th Street, NW			Transaction ID : SA11AI.11021		
City Washington	State DC	Zip Code 20011	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Memo Item ☐			
Name of Employer Consultant		Occupation GuidePost Strategies			
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 500.00			
B. Full Name (Last, First, Middle Initial) Actblue			Date of Receipt M M / D D / Y Y Y Y Y 06 / 08 / 2023		
Mailing Address Po Box 441146			Transaction ID : SA11AI.11021.0		
City Somerville	State MA	Zip Code 02144	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Memo Item ☒			
Name of Employer		Occupation			
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 43572.84			
C. Full Name (Last, First, Middle Initial) Ehrenstein, Fred, , ,			Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2023		
Mailing Address 3650 N 36th ave #44			Transaction ID : SA11AI.11108		
City Hollywood	State FL	Zip Code 33021	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		Memo Item ☐			
Name of Employer Retired		Occupation Retired			
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional)..... ▶			750.00		
TOTAL This Period (last page this line number only)..... ▶					

SCHEDULE A (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. 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: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

16050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	2	3

Transaction ID : SA11AI.11108.0

Amount of Each Receipt this Period

250.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Ennis, Robert, , ,

Mailing Address 3455 Stallion Lane

City

Weston

State

FL

Zip Code

33331

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

Name of Employer

Occupation

Retired

Retired

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	2	3

Transaction ID : SA11AI.11074

Amount of Each Receipt this Period

500.00

☐ 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: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

16550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	2	3

Transaction ID : SA11AI.11074.0

Amount of Each Receipt this Period

500.00

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

500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

Actblue

A.

Mailing Address Po Box 441146

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

43072.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	2	3

Transaction ID : SA11AI.11019.0

Amount of Each Receipt this Period

3300.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

Figgers, Freddie, , ,

B.

Mailing Address 3810 Inverrary Blvd Suite: 401

City

Fort Lauderdale

State

FL

Zip Code

33067

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Figgers

Inventor

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

13200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	2	3

Transaction ID : SA11AI.11023

Amount of Each Receipt this Period

6600.00

☐ Memo Item
Excess Contribution Refunded on Next Report

Full Name (Last, First, Middle Initial)

Actblue

C.

Mailing Address Po Box 441146

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50172.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	2	3

Transaction ID : SA11AI.11023.0

Amount of Each Receipt this Period

6600.00

☒ Memo Item

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

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

6600.00

SCHEDULE A (FEC Form 3)
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☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial) Figgers, Natlie, , ,			Date of Receipt M M / D D / Y Y Y Y Y 06 / 20 / 2023	
Mailing Address 5260 Whisper Drive			Transaction ID : SA11AI.11146	
City Coral Springs	State FL	Zip Code 33067	Amount of Each Receipt this Period 3300.00	
FEC ID number of contributing federal political committee. C		Memo Item		
Name of Employer Self		Occupation Lawyer		
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 3300.00		
B. Full Name (Last, First, Middle Initial) Actblue			Date of Receipt M M / D D / Y Y Y Y Y 06 / 20 / 2023	
Mailing Address Po Box 441146			Transaction ID : SA11AI.11146.0	
City Somerville	State MA	Zip Code 02144	Amount of Each Receipt this Period 3300.00	
FEC ID number of contributing federal political committee. C		☒ Memo Item		
Name of Employer		Occupation		
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 54478.84		
C. Full Name (Last, First, Middle Initial) Figgers, Natlie, , ,			Date of Receipt M M / D D / Y Y Y Y Y 06 / 20 / 2023	
Mailing Address 5260 Whisper Drive			Transaction ID : SA11AI.11147	
City Coral Springs	State FL	Zip Code 33067	Amount of Each Receipt this Period 3300.00	
FEC ID number of contributing federal political committee. C		Memo Item		
Name of Employer Self		Occupation Lawyer		
Receipt For: 2024 ☐ Primary ☒ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 6600.00		
SUBTOTAL of Receipts This Page (optional)..... ▶			6600.00	
TOTAL This Period (last page this line number only)..... ▶				

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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)

Actblue

A.

Mailing Address Po Box 441146

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☐ Primary
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

57778.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	2	3

Transaction ID : SA11AI.11147.0

Amount of Each Receipt this Period

3300.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

Gaffin, Michael, , ,

B.

Mailing Address 2109 Woodmont Road

City

Alexandria

State

VA

Zip Code

22307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Smith-Free Group

Lobbyist

Receipt For: 2024

☒ Primary
☐ Other (specify) ▼
☐ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	2	3

Transaction ID : SA11AI.11009

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Actblue

C.

Mailing Address Po Box 441146

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☒ Primary
☐ Other (specify) ▼
☐ General

Election Cycle-to-Date ▼

33472.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	2	3

Transaction ID : SA11AI.11009.0

Amount of Each Receipt this Period

500.00

☒ Memo Item

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

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

500.00

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

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☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial) Grant, Mark, , ,			Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2023	
Mailing Address 635 3rd Key Drive			Transaction ID : SA11AI.11106	
City Fort Lauderdale	State FL	Zip Code 33304	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Memo Item ☐		
Name of Employer Greenspoon Marder		Occupation Lawyer		
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) American Israel Public Affairs Committee PAC			Date of Receipt M M / D D / Y Y Y Y Y 06 / 15 / 2023	
Mailing Address 251 H Street NW			Transaction ID : SA11AI.11106.0	
City Washington	State DC	Zip Code 20001	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00797670		Memo Item ☒		
Name of Employer		Occupation		
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 15800.00		
C. Full Name (Last, First, Middle Initial) Keith-Lazowick, Adolphine, , ,			Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2023	
Mailing Address 301 E Atlantic Blvd			Transaction ID : SA11AI.11032	
City Pompano Beach	State FL	Zip Code 33060	Amount of Each Receipt this Period 2900.00	
FEC ID number of contributing federal political committee. C		Memo Item ☐		
Name of Employer KEITH		Occupation Engineering		
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 2900.00		
SUBTOTAL of Receipts This Page (optional)..... ▶			3400.00	
TOTAL This Period (last page this line number only)..... ▶				

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

Actblue

Mailing Address Po Box 441146

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60679.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	3

Transaction ID : SA11AI.11032.0

Amount of Each Receipt this Period

2900.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

Linevsky, Richard, , ,

Mailing Address 2735 Hackney Rd.

City

Fort Lauderdale

State

FL

Zip Code

33331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Not Employed

Not Employed

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	2	3

Transaction ID : SA11AI.10980

Amount of Each Receipt this Period

500.00

☐ Memo Item

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: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

20480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	2	3

Transaction ID : SA11AI.10980.0

Amount of Each Receipt this Period

500.00

☒ Memo Item

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

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

500.00

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Mesidor, Cleve, , ,

Mailing Address 1501 27 Street SE #309

City

Washington

State

DC

Zip Code

20020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Natl Policy Network Blockchain

Occupation

Consultant

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	2	3

Transaction ID : SA11AI.10871

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Actblue

Mailing Address Po Box 441146

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

32967.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	2	3

Transaction ID : SA11AI.10871.0

Amount of Each Receipt this Period

500.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Nierenberg, Hersh, , ,

Mailing Address 1022 NE 179th Terrace

City

North Miami

State

FL

Zip Code

33162

FEC ID number of contributing
federal political committee.

C

Name of Employer

FBE Limited LLC

Occupation

Real Estate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	2	3

Transaction ID : SA11AI.10974

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

1500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse 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. 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: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

18980.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	2	3

Transaction ID : SA11AI.10974.0

Amount of Each Receipt this Period

1000.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Opper, Gary, , ,

Mailing Address 1226 Jasmine Circle

City

Weston

State

FL

Zip Code

33326

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

Name of Employer

Occupation

Retired

Retired

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	2	3

Transaction ID : SA11AI.10971

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: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

17980.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	2	3

Transaction ID : SA11AI.10971.0

Amount of Each Receipt this Period

1000.00

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

1000.00

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

Press, Gail, , ,

Mailing Address 450 E Las Olas Blvd

City

Fort Lauderdale

State

FL

Zip Code

33301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	2	3

Transaction ID : SA11AI.10977

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

19980.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	2	3

Transaction ID : SA11AI.10977.0

Amount of Each Receipt this Period

1000.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

Schechter, Alan, , ,

Mailing Address 42 Stevens Lane

City

Westhampton Beach

State

NY

Zip Code

11978

FEC ID number of contributing
federal political committee.

C

Name of Employer

FBE Management Inc

Occupation

Finance and Real Estate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	2	3

Transaction ID : SA11AI.11100

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2000.00

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. 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: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

13300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		08		2023

Transaction ID : SA11AI.11100.0

Amount of Each Receipt this Period

1000.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Schechter, Alan, , ,

Mailing Address 42 Stevens Lane

City

Westhampton Beach

State

NY

Zip Code

11978

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

FBE Management Inc

Finance and Real Estate

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		08		2023

Transaction ID : SA11AI.11102

Amount of Each Receipt this Period

2000.00

☐ 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: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		08		2023

Transaction ID : SA11AI.11102.0

Amount of Each Receipt this Period

2000.00

☒ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

2000.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial) Shackelford, Parks, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2023	
Mailing Address 3001 N Monroe St			Transaction ID : SA11AI.11050	
City Arlington	State VA	Zip Code 22207	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Memo Item ☐		
Name of Employer Florida Crystals Corp		Occupation VP		
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Actblue			Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2023	
Mailing Address Po Box 441146			Transaction ID : SA11AI.11050.0	
City Somerville	State MA	Zip Code 02144	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Memo Item ☒		
Name of Employer		Occupation		
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 67504.84		
C. Full Name (Last, First, Middle Initial) Shull, Stewart, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 05 / 2023	
Mailing Address 5618 Oakmont Ave			Transaction ID : SA11AI.11167	
City Fort Lauderdale	State FL	Zip Code 33312	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Memo Item ☐		
Name of Employer S&G Medical Enterprises		Occupation President		
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 500.00		
SUBTOTAL of Receipts This Page (optional)..... ▶			1000.00	
TOTAL This Period (last page this line number only)..... ▶				

SCHEDULE A (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. 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: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		05		2023

Transaction ID : SA11AI.11167.0

Amount of Each Receipt this Period

500.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Simon, Neal, , ,

Mailing Address 20 Pine St

City

New York

State

NY

Zip Code

10005

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

Name of Employer

American Univ of Antigua/MEA

Occupation

Exec

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2023

Transaction ID : SA11AI.11035

Amount of Each Receipt this Period

3300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Actblue

Mailing Address Po Box 441146

City

Somerville

State

MA

Zip Code

02144

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

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

63979.84

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2023

Transaction ID : SA11AI.11035.0

Amount of Each Receipt this Period

3300.00

☒ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

3300.00

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

Simon, Neal, , ,

Mailing Address 20 Pine St

City

New York

State

NY

Zip Code

10005

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Univ of Antigua/MEA

Occupation

Exec

Receipt For: 2024

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	3

Transaction ID : SA11AI.11040

Amount of Each Receipt this Period

1700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Actblue

Mailing Address Po Box 441146

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

65679.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	3

Transaction ID : SA11AI.11040.0

Amount of Each Receipt this Period

1700.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

Simon, Neal, , ,

Mailing Address 20 Pine St

City

New York

State

NY

Zip Code

10005

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Univ of Antigua/MEA

Occupation

Exec

Receipt For: 2024

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

5800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	3

Transaction ID : SA11AI.11045

Amount of Each Receipt this Period

800.00

☐ Memo Item

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

2500.00

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

Actblue

A.

Mailing Address Po Box 441146

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

66979.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	3

Transaction ID : SA11AI.11045.0

Amount of Each Receipt this Period

800.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

Spector, Marc, , ,

B.

Mailing Address 1667 N. Dixie Highway

City

Fort Lauderdale

State

FL

Zip Code

33305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Best Care

Owner

Receipt For: 2024

☒ Primary
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

430.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	2	3

Transaction ID : SA11AI.11079

Amount of Each Receipt this Period

180.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

American Israel Public Affairs Committee PAC

C.

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: 2024

☒ Primary
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

16980.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	2	3

Transaction ID : SA11AI.11079.0

Amount of Each Receipt this Period

180.00

☒ Memo Item

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

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

180.00

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial) Spulak, Thomas, , ,			Date of Receipt M M / D D / Y Y Y Y Y 06 / 08 / 2023	
Mailing Address 5915 Woodley Road			Transaction ID : SA11AI.11011	
City McLean	State VA	Zip Code 22101	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Memo Item		
Name of Employer King and Spalding LLP		Occupation Attorney		
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date 1000.00		
B. Full Name (Last, First, Middle Initial) Actblue			Date of Receipt M M / D D / Y Y Y Y Y 06 / 08 / 2023	
Mailing Address Po Box 441146			Transaction ID : SA11AI.11011.0	
City Somerville	State MA	Zip Code 02144	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Memo Item		
Name of Employer		Occupation		
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date 34472.84		
C. Full Name (Last, First, Middle Initial) Strelitz, Brian, , ,			Date of Receipt M M / D D / Y Y Y Y Y 06 / 20 / 2023	
Mailing Address 1801 SE 3rd Avenue Suite 200			Transaction ID : SA11AI.11076	
City Fort Lauderdale	State FL	Zip Code 33316	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Memo Item		
Name of Employer Strelitz Group Ventures		Occupation Manager		
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date 250.00		
SUBTOTAL of Receipts This Page (optional)..... ▶			1250.00	
TOTAL This Period (last page this line number only)..... ▶				

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. 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: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

16800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		20		2023

Transaction ID : SA11AI.11076.0

Amount of Each Receipt this Period

250.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Thompson, Tola, , ,

Mailing Address 1324 Maryland Ave NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ballard Partners

Partner

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		08		2023

Transaction ID : SA11AI.11145

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Actblue

Mailing Address Po Box 441146

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

51172.84

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		08		2023

Transaction ID : SA11AI.11145.0

Amount of Each Receipt this Period

1000.00

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

1000.00

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial) Williams, Michael, , ,			Date of Receipt M M / D D / Y Y Y Y Y 06 / 08 / 2023	
Mailing Address 1845 Monroe Street NE			Transaction ID : SA11AI.11013	
City Washington	State DC	Zip Code 20018	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Memo Item ☐		
Name of Employer The Williams Group		Occupation Lobbyist		
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00		
B. Full Name (Last, First, Middle Initial) Actblue			Date of Receipt M M / D D / Y Y Y Y Y 06 / 08 / 2023	
Mailing Address Po Box 441146			Transaction ID : SA11AI.11013.0	
City Somerville	State MA	Zip Code 02144	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Memo Item ☒		
Name of Employer		Occupation		
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 36472.84		
C. Full Name (Last, First, Middle Initial) Wise, Seth, , ,			Date of Receipt M M / D D / Y Y Y Y Y 05 / 11 / 2023	
Mailing Address 2719 Juniper Lane			Transaction ID : SA11AI.11171	
City Davie	State FL	Zip Code 33330	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Memo Item ☐		
Name of Employer BBX Capital		Occupation Real Estate		
Receipt For: 2024 ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00		
SUBTOTAL of Receipts This Page (optional)..... ▶			3000.00	
TOTAL This Period (last page this line number only)..... ▶				

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. 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: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y	
05		11		2023	

Transaction ID : SA11AI.11171.0

Amount of Each Receipt this Period

1000.00

☒ 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)..... ▶

0.00

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

49180.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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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)

AMALGAMATED SUGAR COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1951 SOUTH SATURN WAY

City

SUITE 100

State

ID

Zip Code

83709

FEC ID number of contributing
federal political committee.

C

C00326389

Name of Employer

Occupation

Receipt For: 2024

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	2	3

Transaction ID : SA11C.10903

Amount of Each Receipt this Period

1500.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

AMERICAN COUNCIL OF LIFE INSURERS POLITICAL ACTION COMMITTEE

Mailing Address 101 CONSTITUTION AVE., NW
SUITE 700

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

C00147066

Name of Employer

Occupation

Receipt For: 2024

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

4500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	2	3

Transaction ID : SA11C.10885

Amount of Each Receipt this Period

1000.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

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: 2024

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	2	3

Transaction ID : SA11C.10877

Amount of Each Receipt this Period

5000.00

☐

Memo Item

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

7500.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

AMERICAN FEDERATION OF GOVT. EMPL. POLITICAL ACTION COMMITTEE

A.

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: 2024

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 18 2023

Transaction ID : SA11C.10878

Amount of Each Receipt this Period

2500.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

AMERICAN SUGARBEET GROWERS ASSOCIATION PAC

B.

Mailing Address 1155 15TH STREET NW
SUITE 1100

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

C00167684

Name of Employer

Occupation

Receipt For: 2024

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2023

Transaction ID : SA11C.11111

Amount of Each Receipt this Period

1000.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

AMERICAN SUGAR CANE LEAGUE OF USA INC POLITICAL ACTION COMMITTEE

C.

Mailing Address P. O. 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: 2024

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2023

Transaction ID : SA11C.11126

Amount of Each Receipt this Period

1000.00

☐

Memo Item

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

4500.00

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

SCHEDULE A (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. BACARDI U S A INC POLITICAL ACTION COMMITTEE

Mailing Address 2701 LE JEUNE ROAD

City

CORAL GABLES

State

FL

Zip Code

33134

FEC ID number of contributing
federal political committee.**C** C00160838

Name of Employer

Occupation

Receipt For: 2024

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	2	3

Transaction ID : SA11C.11112

Amount of Each Receipt this Period

1000.00

☐ 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: 2024

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	7		2	0	2	3

Transaction ID : SA11C.10876

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Florida Sugar Cane League PAC

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: 2024

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	3

Transaction ID : SA11C.11123

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

3000.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

GRAYROBINSON P.A. POLITICAL ACTION COMMITTEE

Mailing Address 301 E PINE ST. SUITE 1400

City

ORLANDO

State

FL

Zip Code

32801

FEC ID number of contributing
federal political committee.

C C00224790

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2023

Transaction ID : SA11C.11119

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

GREENBERG TRAUIG, P.A. PAC

Mailing Address 54 STATE STREET
6TH FLOOR

City

ALBANY

State

NY

Zip Code

12207

FEC ID number of contributing
federal political committee.

C C00266585

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 26 2023

Transaction ID : SA11C.10883

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

KING & SPALDING NONPARTISAN COMMITTEE FOR GOOD GOVERNMENT

Mailing Address 1180 PEACHTREE STREET

City

ATLANTA

State

GA

Zip Code

30309

FEC ID number of contributing
federal political committee.

C C00204453

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 29 2023

Transaction ID : SA11C.11117

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

5500.00

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

LEIDOS INC. POLITICAL ACTION COMMITTEE

Mailing Address 301 LABORATORY ROAD

City

OAK RIDGE

State

TN

Zip Code

37830

FEC ID number of contributing
federal political committee.

C C00546234

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2023

Transaction ID : SA11C.11124

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Minn-Dak Famers Cooperative Sugar PAC

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: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 18 2023

Transaction ID : SA11C.10879

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. 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: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 08 2023

Transaction ID : SA11C.10901

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

3000.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. 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: 2024

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	2	3

Transaction ID : SA11C.10902

Amount of Each Receipt this Period

1500.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

B. NELSON MULLINS RILEY & SCARBOROUGH, LLP FEDERAL POLITICAL COMMITTEE

Mailing Address PO Box 11070

City

Columbia

State

SC

Zip Code

29201

FEC ID number of contributing
federal political committee.

C

C00278895

Name of Employer

Occupation

Receipt For: 2024

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	2	3

Transaction ID : SA11C.11121

Amount of Each Receipt this Period

1000.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

C. ORACLE AMERICA, INC. POLITICAL ACTION COMMITTEE (ORACLE PAC)Mailing Address 901 F STREET NW
SUITE 800

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C

C00323048

Name of Employer

Occupation

Receipt For: 2024

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	2	3

Transaction ID : SA11C.10933

Amount of Each Receipt this Period

2500.00

☐

Memo Item

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

5000.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

SEIU COPE (SERVICE EMPLOYEES INTERNATIONAL UNION COMMITTEE ON POLITICAL EDUCATION)

A.

Mailing Address 1800 MASSACHUSETTS AVE., NW

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C

C00004036

Name of Employer

Occupation

Receipt For: 2024

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2023

Transaction ID : SA11C.11053

Amount of Each Receipt this Period

5000.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

Actblue

Mailing Address Po Box 441146

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

72504.84

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2023

Transaction ID : SA11C.11053.0

Amount of Each Receipt this Period

5000.00

☒ Memo Item

C.

Full Name (Last, First, Middle Initial)

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: 2024

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 04 2023

Transaction ID : SA11C.10873

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

7500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse 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. 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: 2024

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

12500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	3

Transaction ID : SA11C.11125

Amount of Each Receipt this Period

2500.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

B. SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE

Mailing Address P O BOX 500

City

RENVILLE

State

MN

Zip Code

56284

FEC ID number of contributing
federal political committee.

C

C00166348

Name of Employer

Occupation

Receipt For: 2024

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	3

Transaction ID : SA11C.11120

Amount of Each Receipt this Period

1000.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

C. TOYOTA MOTOR NORTH AMERICA, INC POLITICAL ACTION COMMITTEE (TOYOTA/LEXUS PAC)

Mailing Address 325 7TH STREET, NW, SUITE 1000

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C

C00542365

Name of Employer

Occupation

Receipt For: 2024

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	2	3

Transaction ID : SA11C.11115

Amount of Each Receipt this Period

1000.00

☐

Memo Item

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

4500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse 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. TRANSPORT WORKERS UNION OF AMERICA

Mailing Address 501 3RD STREET NW 9TH FLOOR

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

C70005913

Name of Employer

Occupation

Receipt For: 2024

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	2	3

Transaction ID : SA11C.10932

Amount of Each Receipt this Period

1500.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

B. VPPMailing Address 401 2ND AVENUE SOUTH
SUITE 303

City

SEATTLE

State

WA

Zip Code

98104

FEC ID number of contributing
federal political committee.

C

C00692319

Name of Employer

Occupation

Receipt For: 2024

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	7		2	0	2	3

Transaction ID : SA11C.10874

Amount of Each Receipt this Period

1500.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

C. WALMART INC. PAC FOR RESPONSIBLE GOVERNMENT

Mailing Address 702 S.W. 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: 2024

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	3

Transaction ID : SA11C.11122

Amount of Each Receipt this Period

1000.00

☐

Memo Item

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

4000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

WESTERN SUGAR COOPERATIVE PAC

Mailing Address 7555 EAST HAMPDEN AVENUE
SUITE 520City
DENVERState
COZip Code
80231FEC ID number of contributing
federal political committee.

C C00446674

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 18 2023

Transaction ID : SA11C.10880

Amount of Each Receipt this Period

1000.00

☐ 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)..... ▶

1000.00

45500.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse 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. Actblue

Mailing Address Po Box 441146

City
SomervilleState
MAZip Code
02144Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

19.75

Transaction ID : SB17.11174

☐ Memo Item**B. Actblue**

Mailing Address Po Box 441146

City
SomervilleState
MAZip Code
02144Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

0.04

Transaction ID : SB17.11175

☐ Memo Item**C. Actblue**

Mailing Address Po Box 441146

City
SomervilleState
MAZip Code
02144Purpose of Disbursement
Credit Card Processing Fee

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
0	5		1	5		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

0.24

Transaction ID : SB17.11177

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

20.03

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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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Actblue

Mailing Address Po Box 441146

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	2	3

City
SomervilleState
MAZip Code
02144

FEC Identification Number

C

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

177.75

Transaction ID : SB17.11179

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Actblue

Mailing Address Po Box 441146

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	3

City
SomervilleState
MAZip Code
02144

FEC Identification Number

C

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

541.15

Transaction ID : SB17.11181

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Actblue

Mailing Address Po Box 441146

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	2	3

City
SomervilleState
MAZip Code
02144

FEC Identification Number

C

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

312.05

Transaction ID : SB17.11185

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

1030.95

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. Actblue

Mailing Address Po Box 441146

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2023

City
SomervilleState
MAZip Code
02144

FEC Identification Number

C

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

260.94

Transaction ID : SB17.11186

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Actblue

Mailing Address Po Box 441146

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2023

City
SomervilleState
MAZip Code
02144

FEC Identification Number

C

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

269.59

Transaction ID : SB17.11189

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

c. Angerholzer Broz Consulting

Mailing Address 499 South Capitol Street SW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2023

City
WashingtonState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
Fundraising Consulting Fees

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

10000.00

Transaction ID : SB17.11192

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

10530.53

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Democracy Engine LLC

Mailing Address 416 Florida Ave NW #26418

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2023

City
WashingtonState
DCZip Code
20001Purpose of Disbursement
Credit Card Processing FeeCategory/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

175.00

Transaction ID : SB17.11180

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

B. Democracy Engine LLC

Mailing Address 416 Florida Ave NW #26418

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2023

City
WashingtonState
DCZip Code
20001Purpose of Disbursement
Credit Card Processing FeeCategory/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : SB17.11182

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

c. Democracy Engine LLC

Mailing Address 416 Florida Ave NW #26418

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2023

City
WashingtonState
DCZip Code
20001Purpose of Disbursement
Credit Card Processing FeeCategory/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

37.50

Transaction ID : SB17.11183

☐ Memo Item

State:

District:

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

222.50

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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(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. Democracy Engine LLC

Mailing Address 416 Florida Ave NW #26418

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	2	3

City
WashingtonState
DCZip Code
20001Purpose of Disbursement
Credit Card Processing FeeCategory/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

150.00

Transaction ID : SB17.11190

☐ Memo Item

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Democracy Engine LLC

Mailing Address 416 Florida Ave NW #26418

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	2	3

City
WashingtonState
DCZip Code
20001Purpose of Disbursement
Credit Card Processing FeeCategory/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

71.50

Transaction ID : SB17.11187

☐ Memo Item

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

c. Democracy Engine LLC

Mailing Address 416 Florida Ave NW #26418

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	2	3

City
WashingtonState
DCZip Code
20001Purpose of Disbursement
Credit Card Processing FeeCategory/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

175.00

Transaction ID : SB17.11188

☐ Memo Item

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

396.50

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:
(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. KaiserDillon PLLCMailing Address 1099 14th St NW
8th Floor WCity
WashingtonState
DCZip Code
20005Purpose of Disbursement
Legal Fees

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

20000.00

Transaction ID : SB17.11155

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Leidos Inc.

Mailing Address 1750 Presidents St

City
RestonState
VAZip Code
20190Purpose of Disbursement
Text Messages and Robo Calls

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.11159

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Leidos Inc.

Mailing Address 1750 Presidents St

City
RestonState
VAZip Code
20190Purpose of Disbursement
Text Messages and Robo Calls

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.11161

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

23000.00

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. Leidos Inc.

Mailing Address 1750 Presidents St

City
RestonState
VAZip Code
20190Purpose of Disbursement
Text Messages and Robo Calls

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.11162

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

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

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).....▶

2000.00

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

37200.51

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/10.4114

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

2000.00

Balance Outstanding at Close of This Period

48000.00

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).....▶

48000.00

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

Carry outstanding balance only 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 47 OF 149

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

7.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

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)
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/10.6491

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)
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/10.6492

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

PAGE 53 OF 149

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

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

PAGE 54 OF 149

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 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)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 55 OF 149

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

PAGE 56 OF 149

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

PAGE 57 OF 149

FOR 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

PAGE 58 OF 149

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

PAGE 59 OF 149

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

PAGE 60 OF 149

FOR 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

PAGE 61 OF 149

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

PAGE 62 OF 149

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^MD 18^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).....▶

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 63 OF 149

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

D 19

Y 2021

M M

D D

Y 12/31/25

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 64 OF 149

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

PAGE 65 OF 149

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^MD 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

PAGE 66 OF 149

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

PAGE 67 OF 149

FOR 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 68 OF 149

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 69 OF 149

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 70 OF 149

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

PAGE 71 OF 149

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

PAGE 72 OF 149

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

PAGE 73 OF 149

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

PAGE 74 OF 149

FOR 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

PAGE 75 OF 149

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

PAGE 76 OF 149

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

PAGE 77 OF 149

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

PAGE 78 OF 149

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

PAGE 79 OF 149

FOR 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^MD 05^DY 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)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 80 OF 149

FOR 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^MD 07^DY 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 81 OF 149

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

PAGE 82 OF 149

FOR 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^MD 23^DY 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)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 83 OF 149

FOR 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^MD 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)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 84 OF 149

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

PAGE 85 OF 149

FOR 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^MD 27^DY 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

PAGE 86 OF 149

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

PAGE 87 OF 149

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

PAGE 88 OF 149

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 89 OF 149

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 90 OF 149

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

PAGE 91 OF 149

FOR 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 92 OF 149

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 93 OF 149

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 94 OF 149

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 95 OF 149

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 /

D 01 /

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 96 OF 149

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

D 09

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).....▶

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

PAGE 97 OF 149

FOR 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 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).....▶

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 98 OF 149

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 /

D 15 /

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 99 OF 149

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 /

D 17 /

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).....▶

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 100 OF 149

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^MD 01^DY 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 101 OF 149

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)
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/10.8880

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 M /

D 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)
LOANS

PAGE 103 OF 149

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/10.8881

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

PAGE 104 OF 149

FOR 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 105 OF 149

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 106 OF 149

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 107 OF 149

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

PAGE 108 OF 149

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)
for each category of the
Detailed Summary Page

PAGE 109 OF 149

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)
for each category of the
Detailed Summary Page

PAGE 110 OF 149

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

PAGE 111 OF 149

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

PAGE 112 OF 149

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

PAGE 113 OF 149

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

PAGE 114 OF 149

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

PAGE 115 OF 149

FOR 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

PAGE 116 OF 149

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

PAGE 117 OF 149

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

PAGE 118 OF 149

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

PAGE 119 OF 149

FOR 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 120 OF 149

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 /

D 17 /

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).....▶

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 121 OF 149

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

PAGE 122 OF 149

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

PAGE 123 OF 149

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

PAGE 124 OF 149

FOR 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 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).....▶

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 125 OF 149

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 /

D 28 /

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).....▶

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 126 OF 149

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)
LOANS

PAGE 127 OF 149

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/10.9469

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

PAGE 128 OF 149

FOR 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 129 OF 149

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 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).....▶

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 130 OF 149

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^MD 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 131 OF 149

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

PAGE 132 OF 149

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 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).....▶

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 133 OF 149

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 134 OF 149

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^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).....▶

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 135 OF 149

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 136 OF 149

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^MD 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 137 OF 149

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 138 OF 149

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^MD 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 139 OF 149

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).....▶

Carry outstanding balance only 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 140 OF 149

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9822

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

41000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

41000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08^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).....▶

41000.00

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

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

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

PAGE 141 OF 149

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9825

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

19000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

19000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M

D 16 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).....▶

19000.00

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

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

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

PAGE 142 OF 149

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9829

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

33000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

33000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 08 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).....▶

33000.00

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

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

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

PAGE 143 OF 149

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9906

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 08 M

D 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).....▶

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 149

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9928

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 08^MD 22^DY 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 145 OF 149

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.10507

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

50000.00

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 23 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 146 OF 149

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.10508

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 08 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).....▶

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 147 OF 149

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.10510

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 09 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 148 OF 149

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.10511

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 09 M

D 02 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).....▶

3794925.00

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 149 OF 149

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Angerholzer Broz Consulting

Nature of Debt (Purpose):

Fundraising Consulting Fees and Reimbursed Expenses

Mailing Address 499 South Capitol Street SW

City

Washington

State

DC

Zip Code

20003

Outstanding Balance Beginning This Period

44013.07

Transaction ID : SD10.10866

Amount Incurred This Period

0.00

Payment This Period

10000.00

Outstanding Balance at Close of This Period

34013.07

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Angerholzer Broz Consulting

Nature of Debt (Purpose):

Fundraising Consulting Fees and Reimbursed Expenses

Mailing Address 499 South Capitol Street SW

City

Washington

State

DC

Zip Code

20003

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.11193

Amount Incurred This Period

20763.58

Payment This Period

0.00

Outstanding Balance at Close of This Period

20763.58

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

54776.65

2) **TOTALS** This Period (last page this line number only)

54776.65

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

3794925.00

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

3849701.65