

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

Office Use Only

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

12FE4M5

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

ADDRESS (number and street)

6151 MIRAMAR PKWY

SUITE 101

MIRAMAR

FL

33023

Check if different
than previously
reported. (ACC)

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00677492

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

STATE ▼ DISTRICT

FL

20

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☒

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

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

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of

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

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y

02

D D / Y Y Y Y

01

Y Y Y Y

2022

through

M M / D D / Y Y Y Y

03

D D / Y Y Y Y

31

Y Y Y Y

2022

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

AINA, OLUBISI, , Dr.,

Type or Print Name of Treasurer

Signature of Treasurer

AINA, OLUBISI, , Dr.,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04

D D / Y Y Y Y

15

Y Y Y Y

2022

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

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 156

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	2		0	1		2	0	2	2

To:

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	32013.00	177950.16
(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))	32013.00	177950.16
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	199951.67	2861692.69
(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))	199951.67	2861692.69
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1675609.43	
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)	4617196.44	

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Report Covering the Period:

From:

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

To:

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

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

30700.00

112710.46

(ii) Unitemized.....

1313.00

22009.41

(iii) TOTAL of contributions from individuals ▶

32013.00

134719.87

(b) Political Party Committees.....

0.00

0.00

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

0.00

39833.31

(d) The Candidate.....

0.00

3396.98

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

32013.00

177950.16

12. TRANSFERS FROM OTHER

AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

568000.00

5973764.94

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

568000.00

5973764.94

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.)

0.00

6788.14

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

600013.00

6158503.24

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.....	199951.67	2861692.69
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	2019568.50
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	2019568.50
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) ►	199951.67	4881261.19

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1275548.10
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	600013.00
25. SUBTOTAL (add Line 23 and Line 24).....	1875561.10
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	199951.67
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1675609.43

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Abraham, Galbut, , ,

Mailing Address 4770 Biscayne Blvd, Ste 1400

City
Miami

State
FL

Zip Code
33137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Galbut Walters & Assoc.

Occupation
Lawyer

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 31 2022

Transaction ID : SA11AI.8579

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Congressional Black Caucus PAC

Mailing Address 1720 Massachusetts Ave NW

City
Washington

State
DC

Zip Code
20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 31 2022

Transaction ID : SA11AI.8581

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cosy, Joseph, , ,

Mailing Address 9638 Harbour Lake Cir

City
Boynton Beach

State
FL

Zip Code
33437

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amazon

Occupation
Professional Services Executive

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 27 2022

Transaction ID : SA11AI.8549

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)..... ▶

4500.00

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

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

Elect Democratic Women

Mailing Address 600 Pennsylvania Ave #15180

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 17 2022

Transaction ID : SA11AI.8547

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Guerda, Nicolas, , ,

Mailing Address 20514 Sw 88th Ave

City

Cutler Bay

State

FL

Zip Code

33189

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

University of Miami

Professor

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 27 2022

Transaction ID : SA11AI.8551

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Hans, Ottinot, , ,

Mailing Address 17524 NW 61st Court

City

Miami

State

FL

Zip Code

33015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ottinot Law, P.A.

Attorney

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 30 2022

Transaction ID : SA11AI.8571

Amount of Each Receipt this Period

2900.00

☐ Memo Item

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

8400.00

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

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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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Herold, Degraff, , ,

Mailing Address 16782 NW 12St

City

Pembroke Pines

State

FL

Zip Code

33028

FEC ID number of contributing
federal political committee.

C

Name of Employer
AutoNationOccupation
Sales

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.8553

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Intl Union of Operating Engineers

Mailing Address 1125 17th Street NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID : SA11AI.8567

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jacques, Bingue, , ,

Mailing Address 4200 Maplewood Dr

City

SULPHUR

State

LA

Zip Code

70663

FEC ID number of contributing
federal political committee.

C

Name of Employer
DOEOccupation
Engineer

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.8555

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

5500.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Jasmine, Barnes, , ,

Mailing Address 10769 NW 80th Circle

City
Parkland

State
FL

Zip Code
33076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jasmine Barnes, LLC

Occupation
Realtor

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 30 2022

Transaction ID : SA11AI.8573

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jennifer, Levin, , ,

Mailing Address 19380 Collins Ave Apt 1120

City
Sunny Isles Beach

State
FL

Zip Code
33160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jennifer Levin, P.A.

Occupation
Attorney

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 27 2022

Transaction ID : SA11AI.8557

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. John, Rogan, , ,

Mailing Address 15010 S River Drive

City
Miami

State
FL

Zip Code
33167

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Choice Marketing

Occupation
President

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 31 2022

Transaction ID : SA11AI.8583

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)..... ▶

3000.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

Ketelie, Altena, , ,

A. Mailing Address 2 Vig's Way

City

Worcester

State

MA

Zip Code

01604

FEC ID number of contributing
federal political committee.

C

Name of Employer

DCF

Occupation

Social worker

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 27 2022

Transaction ID : SA11AI.8559

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Lesly, Kernisant, , ,

B. Mailing Address 32 Pembroke Drive

City

Glen cove

State

NY

Zip Code

11542

FEC ID number of contributing
federal political committee.

C

Name of Employer

MHHC

Occupation

MD

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 27 2022

Transaction ID : SA11AI.8561

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Michel, Dorval, Evans, ,

C. Mailing Address 19471 SW 39th Street

City

Miramar

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Doctors Medical Center

Occupation

Physician Assistant

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 30 2022

Transaction ID : SA11AI.8575

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

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

2250.00

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

Mondaire for Congress

Mailing Address 499 S Capitol St SW #407

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2022

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 29 / 2022

Transaction ID : SA11AI.8569

Amount of Each Receipt this Period

1000.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

Pamala, Ryan, , ,

Mailing Address 5024 E Pine Way

City

Riviera Beach

State

FL

Zip Code

33418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ottinot Law, P.A.

Attorney

Receipt For: 2022

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 30 / 2022

Transaction ID : SA11AI.8577

Amount of Each Receipt this Period

2000.00

☐

Memo Item

Full Name (Last, First, Middle Initial)

Richard, Norwalk, , ,

Mailing Address 10228 NW 66th Drive

City

Parkland

State

FL

Zip Code

33076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

GL Homes

Executive

Receipt For: 2022

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2022

Transaction ID : SA11AI.8541

Amount of Each Receipt this Period

500.00

☐

Memo Item

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

3500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

Rosivoutha, DeJean, , ,

Mailing Address 1380 SW 43rd Terrace

City

Lauderhill

State

FL

Zip Code

33313

FEC ID number of contributing
federal political committee.

C

Name of Employer

AGRONA

Occupation

Marketing Consultant

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 27 2022

Transaction ID : SA11AI.8563

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Ruben, Alvarez, , ,

Mailing Address 2651 W 79th Street

City

Hialeah

State

FL

Zip Code

33016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Air Control

Occupation

VP

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 15 2022

Transaction ID : SA11AI.8543

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Serge, Pierre-Louis, JC, ,

Mailing Address 155 N. Harbor Dr

City

Chicago

State

IL

Zip Code

60601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cook County Health

Occupation

Physician

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 27 2022

Transaction ID : SA11AI.8565

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)..... ▶

1250.00

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

Terrence, Wolfe, , ,

A.

Mailing Address 6800 SW 40th Street, 475

City
Miami

State
FL

Zip Code
33155

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Century Government Affairs

Occupation
Lobbyist

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 13 2022

Transaction ID : SA11AI.8545

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Val Demings for Senate

B.

Mailing Address PO BOX 536926

City
Orlando

State
FL

Zip Code
32853

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID : SA11AI.8539

Amount of Each Receipt this Period

1800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

2300.00

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

30700.00

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

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

FOR LINE NUMBER:
(check only one)

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☐ 12	☒ 13a	☐ 13b	☐ 14	☐ 15

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

70000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2022

Transaction ID : SA13A.8873

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 09 / 2022

Transaction ID : SA13A.8874

Amount of Each Receipt this Period

30000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

110000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 14 / 2022

Transaction ID : SA13A.8875

Amount of Each Receipt this Period

10000.00

☐ Memo Item

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

65000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

111000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2022

Transaction ID : SA13A.8876

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

146000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 17 / 2022

Transaction ID : SA13A.8877

Amount of Each Receipt this Period

35000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

151000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2022

Transaction ID : SA13A.8878

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

41000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 156

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

188000.00

Date of Receipt

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

Transaction ID : SA13A.8879

Amount of Each Receipt this Period

37000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

208000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2022

Transaction ID : SA13A.8880

Amount of Each Receipt this Period

20000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

213000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2022

Transaction ID : SA13A.8881

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

62000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

A.

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

613000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2022

Transaction ID : SA13A.8882

Amount of Each Receipt this Period

400000.00

☐ 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)..... ▶

400000.00

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

568000.00

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Accurate Business Systems

Mailing Address 15725 NW 15th Ave

City
Miami GardensState
FLZip Code
33169Purpose of Disbursement
Printing/Signs

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		03		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.8764

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Accurate Business Systems

Mailing Address 15725 NW 15th Ave

City
Miami GardensState
FLZip Code
33169Purpose of Disbursement
Printing/Signs

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		23		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

4529.80

Transaction ID : SB17.8762

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Accurate Business Systems

Mailing Address 15725 NW 15th Ave

City
Miami GardensState
FLZip Code
33169Purpose of Disbursement
Printing/Signs

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

7000.00

Transaction ID : SB17.8763

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

14529.80

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)

PAGE 18 OF 156

☒ 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. Alexandra, Aparicio, , ,

Mailing Address 6380 Plunkett Street

City
HollywoodState
FLZip Code
33023Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

780.00

Transaction ID : SB17.8585

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Alexandra, Aparicio, , ,

Mailing Address 6380 Plunkett Street

City
HollywoodState
FLZip Code
33023Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

560.00

Transaction ID : SB17.8586

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Alexandra, Aparicio, , ,

Mailing Address 6380 Plunkett Street

City
HollywoodState
FLZip Code
33023Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		23		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

560.00

Transaction ID : SB17.8587

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

1900.00

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. Alexandra, Aparicio, , ,

Mailing Address 6380 Plunkett Street

City
HollywoodState
FLZip Code
33023Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.8588

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Arielle, Anderson, , ,

Mailing Address 13146 SW 47th St

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		01		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.8589

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Arielle, Anderson, , ,

Mailing Address 13146 SW 47th St

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.8590

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

995.00

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

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Arielle, Anderson, , ,

Mailing Address 13146 SW 47th St

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		17		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

680.00

Transaction ID : SB17.8591

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Arielle, Anderson, , ,

Mailing Address 13146 SW 47th St

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.8592

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Arielle, Anderson, , ,

Mailing Address 13146 SW 47th St

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.8593

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

1360.00

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

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

PAGE 21 OF 156

☒ 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. Arielle, Anderson, , ,

Mailing Address 13146 SW 47th St

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		15		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.8594

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Arielle, Anderson, , ,

Mailing Address 13146 SW 47th St

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		23		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

170.00

Transaction ID : SB17.8595

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Arielle, Anderson, , ,

Mailing Address 13146 SW 47th St

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

170.00

Transaction ID : SB17.8596

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

680.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address 208 S Akard Street #2954

City
DallasState
TXZip Code
75202Purpose of Disbursement
Internet Service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

128.40

Transaction ID : SB17.8766

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address 208 S Akard Street #2954

City
DallasState
TXZip Code
75202Purpose of Disbursement
Internet Service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

143.40

Transaction ID : SB17.8767

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address 208 S Akard Street #2954

City
DallasState
TXZip Code
75202Purpose of Disbursement
Internet Service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

128.00

Transaction ID : SB17.8768

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

399.80

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address 208 S Akard Street #2954

Date of Disbursement

M M	D D	Y Y Y Y
03	28	2022

City
DallasState
TXZip Code
75202Purpose of Disbursement
Internet Service

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

143.00

Transaction ID : SB17.8769

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address 3401 N Pine Island Rd

Date of Disbursement

M M	D D	Y Y Y Y
03	02	2022

City
SunriseState
FLZip Code
33351Purpose of Disbursement
Bank Fee

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

36.00

Transaction ID : SB17.8774

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. BB&T

Mailing Address 3401 N Pine Island Rd

Date of Disbursement

M M	D D	Y Y Y Y
03	21	2022

City
SunriseState
FLZip Code
33351Purpose of Disbursement
Bank Fees

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

4.00

Transaction ID : SB17.8775

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

183.00

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

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

PAGE 24 OF 156

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Bianca, Gaspard, , ,

Mailing Address 2911 NW 56th Ave #C1

City
LauderhillState
FLZip Code
33313Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		01		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.8597

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bianca, Gaspard, , ,

Mailing Address 2911 NW 56th Ave #C1

City
LauderhillState
FLZip Code
33313Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.8598

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bianca, Gaspard, , ,

Mailing Address 2911 NW 56th Ave #C1

City
LauderhillState
FLZip Code
33313Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		17		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

680.00

Transaction ID : SB17.8599

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

1275.00

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

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

PAGE 25 OF 156

☒ 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. Bianca, Gaspard, , ,

Mailing Address 2911 NW 56th Ave #C1

City
LauderhillState
FLZip Code
33313Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
03	08	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

331.50

Transaction ID : SB17.8600

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bianca, Gaspard, , ,

Mailing Address 2911 NW 56th Ave #C1

City
LauderhillState
FLZip Code
33313Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
03	15	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.8601

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Bianca, Gaspard, , ,

Mailing Address 2911 NW 56th Ave #C1

City
LauderhillState
FLZip Code
33313Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
03	23	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.8602

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

1011.50

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 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. Bianca, Gaspard, , ,

Mailing Address 2911 NW 56th Ave #C1

City
LauderhillState
FLZip Code
33313Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

323.00

Transaction ID : SB17.8603

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bianca, Gaspard, , ,

Mailing Address 2911 NW 56th Ave #C1

City
LauderhillState
FLZip Code
33313Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.8604

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Broward Democratic Party

Mailing Address 8320 W Sunrise Blvd #203

City
PlantationState
FLZip Code
33322Purpose of Disbursement
Donation

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

556.40

Transaction ID : SB17.8858

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

1134.40

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Broward Democratic Party

Mailing Address 8320 W Sunrise Blvd #203

Date of Disbursement

M M	D D	Y Y Y Y
02	28	2022

City
PlantationState
FLZip Code
33322Purpose of Disbursement
Donation

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.8776

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Broward Democratic Party

Mailing Address 8320 W Sunrise Blvd #203

Date of Disbursement

M M	D D	Y Y Y Y
03	07	2022

City
PlantationState
FLZip Code
33322Purpose of Disbursement
Donation

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.8777

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

c. Catrese Special Services

Mailing Address PO Box 681545 #110

Date of Disbursement

M M	D D	Y Y Y Y
02	17	2022

City
MiamiState
FLZip Code
33168Purpose of Disbursement
Cleaning Service

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

145.00

Transaction ID : SB17.8781

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

5145.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Catrese Special Services

Mailing Address PO Box 681545 #110

City
MiamiState
FLZip Code
33168Purpose of Disbursement
Cleaning Service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

145.00

Transaction ID : SB17.8782

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Catrese Special Services

Mailing Address PO Box 681545 #110

City
MiamiState
FLZip Code
33168Purpose of Disbursement
Cleaning Service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

145.00

Transaction ID : SB17.8783

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Catrese Special Services

Mailing Address PO Box 681545 #110

City
MiamiState
FLZip Code
33168Purpose of Disbursement
Cleaning Service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

70.00

Transaction ID : SB17.8784

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

360.00

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

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

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20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Catrese Special Services

Mailing Address PO Box 681545 #110

City
MiamiState
FLZip Code
33168Purpose of Disbursement
Cleaning Service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

145.00

Transaction ID : SB17.8785

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Catrese Special Services

Mailing Address PO Box 681545 #110

City
MiamiState
FLZip Code
33168Purpose of Disbursement
Cleaning Service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

145.00

Transaction ID : SB17.8786

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Checree, Bryant, , ,

Mailing Address 890 Brandon Prescott Lane #205

City
West Palm BeachState
FLZip Code
33401Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

385.00

Transaction ID : SB17.8605

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

675.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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. Checree, Bryant, , ,

Mailing Address 890 Brandon Prescott Lane #205

Date of Disbursement

M M	D D	Y Y Y Y
02	25	2022

City
West Palm BeachState
FLZip Code
33401Purpose of Disbursement
Wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.8606

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Checree, Bryant, , ,

Mailing Address 890 Brandon Prescott Lane #205

Date of Disbursement

M M	D D	Y Y Y Y
03	11	2022

City
West Palm BeachState
FLZip Code
33401Purpose of Disbursement
Wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

760.00

Transaction ID : SB17.8607

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Checree, Bryant, , ,

Mailing Address 890 Brandon Prescott Lane #205

Date of Disbursement

M M	D D	Y Y Y Y
03	21	2022

City
West Palm BeachState
FLZip Code
33401Purpose of Disbursement
Wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17.8608

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

2260.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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. Checree, Bryant, , ,

Mailing Address 890 Brandon Prescott Lane #205

Date of Disbursement

M M	D D	Y Y Y Y
03	28	2022

City
West Palm BeachState
FLZip Code
33401Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17.8609

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Cheyenne, Claude, , ,

Mailing Address 6027 SW 36th Ct #B

Date of Disbursement

M M	D D	Y Y Y Y
02	28	2022

City
MiramarState
FLZip Code
33023Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

360.00

Transaction ID : SB17.8610

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

c. Cheyenne, Claude, , ,

Mailing Address 6027 SW 36th Ct #B

Date of Disbursement

M M	D D	Y Y Y Y
03	14	2022

City
MiramarState
FLZip Code
33023Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

380.00

Transaction ID : SB17.8613

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

940.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Cheyenne, Claude, , ,

Mailing Address 6027 SW 36th Ct #B

City
MiramarState
FLZip Code
33023Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

80.00

Transaction ID : SB17.8614

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cheyenne, Claude, , ,

Mailing Address 6027 SW 36th Ct #B

City
MiramarState
FLZip Code
33023Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

390.00

Transaction ID : SB17.8611

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Clint, Galloway, , ,

Mailing Address 6027 SW 36th Ct #B

City
MiramarState
FLZip Code
33023Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		16		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.8617

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

870.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Clint, Galloway, , ,

Mailing Address 6027 SW 36th Ct #B

City
MiramarState
FLZip Code
33023Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

880.00

Transaction ID : SB17.8618

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Clint, Galloway, , ,

Mailing Address 6027 SW 36th Ct #B

City
MiramarState
FLZip Code
33023Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		15		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

820.00

Transaction ID : SB17.8619

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Clint, Galloway, , ,

Mailing Address 6027 SW 36th Ct #B

City
MiramarState
FLZip Code
33023Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

720.00

Transaction ID : SB17.8620

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

2420.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Constance, Gose, , ,

Mailing Address 575 NE 5th Terrace #435

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		01		2022

City
Fort LauderdaleState
FLZip Code
33301Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.8622

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Constance, Gose, , ,

Mailing Address 575 NE 5th Terrace #435

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		01		2022

City
Fort LauderdaleState
FLZip Code
33301Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.8623

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Constance, Gose, , ,

Mailing Address 575 NE 5th Terrace #435

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		22		2022

City
Fort LauderdaleState
FLZip Code
33301Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

595.00

Transaction ID : SB17.8624

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

1185.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Constance, Gose, , ,

Mailing Address 575 NE 5th Terrace #435

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		22		2022

City
Fort LauderdaleState
FLZip Code
33301Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

170.00

Transaction ID : SB17.8625

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Constance, Gose, , ,

Mailing Address 575 NE 5th Terrace #435

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		10		2022

City
Fort LauderdaleState
FLZip Code
33301Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

195.50

Transaction ID : SB17.8626

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

c. Court Yard Office Plaza

Mailing Address 4577 N. Nob Hill Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		03		2022

City
SunriseState
FLZip Code
33351Purpose of Disbursement
Rent

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

4780.83

Transaction ID : SB17.8787

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

5146.33

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Court Yard Office Plaza

Mailing Address 4577 N. Nob Hill Rd

Date of Disbursement

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

City
SunriseState
FLZip Code
33351Purpose of Disbursement
RentCategory/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

4780.83

Transaction ID : SB17.8788

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Cristina, Cardoso, , ,

Mailing Address 10400 NW 30th Court #402

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		07		2022

City
SunriseState
FLZip Code
33322Purpose of Disbursement
WagesCategory/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.8627

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Cristina, Cardoso, , ,

Mailing Address 10400 NW 30th Court #402

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		14		2022

City
SunriseState
FLZip Code
33322Purpose of Disbursement
WagesCategory/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.8628

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

5290.83

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Cristina, Cardoso, , ,

Mailing Address 10400 NW 30th Court #402

City
SunriseState
FLZip Code
33322Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		22		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

595.00

Transaction ID : SB17.8629

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cristina, Cardoso, , ,

Mailing Address 10400 NW 30th Court #402

City
SunriseState
FLZip Code
33322Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		09		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.8630

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Cristina, Cardoso, , ,

Mailing Address 10400 NW 30th Court #402

City
SunriseState
FLZip Code
33322Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		18		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.8631

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

1190.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Cristina, Cardosa, , ,

Mailing Address 10400 NW 30th Court #402

City
SunriseState
FLZip Code
33322Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

170.00

Transaction ID : SB17.8632

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Critical Mention Inc,

Mailing Address 521 5th Avenue 16th Floor

City
New YorkState
NYZip Code
10175Purpose of Disbursement
Software

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		15		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

6000.00

Transaction ID : SB17.8790

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Deluxe

Mailing Address 3680 Victoria Street

City
NorthshoreviewState
MNZip Code
55126Purpose of Disbursement
Bank Checks

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		10		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

228.84

Transaction ID : SB17.8791

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

6398.84

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. Denise, Shields, , ,

Mailing Address 1232 Golfside Drive

City
Winter ParkState
FLZip Code
32792Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		14		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

420.00

Transaction ID : SB17.8633

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Denise, Shields, , ,

Mailing Address 1232 Golfside Drive

City
Winter ParkState
FLZip Code
32792Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17.8634

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Denise, Shields, , ,

Mailing Address 1232 Golfside Drive

City
Winter ParkState
FLZip Code
32792Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.8635

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

2020.00

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

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. Denise, Shields, , ,

Mailing Address 1232 Golfside Drive

City
Winter ParkState
FLZip Code
32792Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

522.00

Transaction ID : SB17.8636

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DOORDASH

Mailing Address 901 Market Street #6

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

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		01		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

9.99

Transaction ID : SB17.8792

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DOORDASH

Mailing Address 901 Market Street #6

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

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		04		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

76.66

Transaction ID : SB17.8793

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

608.65

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

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

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. DOORDASH

Mailing Address 901 Market Street #6

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2022

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

50.40

Transaction ID : SB17.8794

☐ Memo Item**B. DOORDASH**

Mailing Address 901 Market Street #6

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2022

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

35.49

Transaction ID : SB17.8795

☐ Memo Item**C. DOORDASH**

Mailing Address 901 Market Street #6

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2022

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

49.64

Transaction ID : SB17.8796

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

135.53

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. DOORDASH

Mailing Address 901 Market Street #6

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2022

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

63.93

Transaction ID : SB17.8797

☐ Memo Item**B. DOORDASH**

Full Name (Last, First, Middle Initial)

Mailing Address 901 Market Street #6

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2022

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

22.98

Transaction ID : SB17.8798

☐ Memo Item**C. DOORDASH**

Full Name (Last, First, Middle Initial)

Mailing Address 901 Market Street #6

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2022

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

97.97

Transaction ID : SB17.8799

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

184.88

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. DOORDASH

Mailing Address 901 Market Street #6

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		11		2022

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

134.55

Transaction ID : SB17.8800

☐ Memo Item

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2022

☒ Primary ☐ General☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. DOORDASH

Mailing Address 901 Market Street #6

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		16		2022

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

136.63

Transaction ID : SB17.8801

☐ Memo Item

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2022

☒ Primary ☐ General☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. DOORDASH

Mailing Address 901 Market Street #6

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		18		2022

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

19.90

Transaction ID : SB17.8802

☐ Memo Item

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2022

☒ Primary ☐ General☐ Other (specify) ▼

State:

District:

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

291.08

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. DOORDASH

Mailing Address 901 Market Street #6

Date of Disbursement

M M	D D	Y Y Y Y
02	22	2022

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

36.30

Transaction ID : SB17.8803

☐ Memo Item

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2022

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. DOORDASH

Mailing Address 901 Market Street #6

Date of Disbursement

M M	D D	Y Y Y Y
02	28	2022

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

22.37

Transaction ID : SB17.8804

☐ Memo Item

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2022

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. DOORDASH

Mailing Address 901 Market Street #6

Date of Disbursement

M M	D D	Y Y Y Y
02	28	2022

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

15.70

Transaction ID : SB17.8805

☐ Memo Item

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2022

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

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

74.37

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. DOORDASH

Mailing Address 901 Market Street #6

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2022

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

50.26

Transaction ID : SB17.8806

☐ Memo Item

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. DOORDASH

Mailing Address 901 Market Street #6

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		01		2022

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

9.99

Transaction ID : SB17.8807

☐ Memo Item

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. DOORDASH

Mailing Address 901 Market Street #6

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		04		2022

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

20.38

Transaction ID : SB17.8808

☐ Memo Item

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

80.63

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. DOORDASH

Mailing Address 901 Market Street #6

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		07		2022

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

84.94

Transaction ID : SB17.8809

☐ Memo Item

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. DOORDASH

Mailing Address 901 Market Street #6

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		07		2022

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

18.42

Transaction ID : SB17.8810

☐ Memo Item

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. DOORDASH

Mailing Address 901 Market Street #6

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		07		2022

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

19.47

Transaction ID : SB17.8811

☐ Memo Item

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

122.83

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. DOORDASH

Mailing Address 901 Market Street #6

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2022

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

113.10

Transaction ID : SB17.8812

☐ Memo Item**B. DOORDASH**

Mailing Address 901 Market Street #6

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2022

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

49.55

Transaction ID : SB17.8813

☐ Memo Item**C. DOORDASH**

Mailing Address 901 Market Street #6

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2022

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

49.39

Transaction ID : SB17.8814

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

212.04

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. DOORDASH

Mailing Address 901 Market Street #6

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		18		2022

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

52.82

Transaction ID : SB17.8815

☐ Memo Item

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2022

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. DOORDASH

Mailing Address 901 Market Street #6

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2022

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

46.80

Transaction ID : SB17.8816

☐ Memo Item

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2022

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. DOORDASH

Mailing Address 901 Market Street #6

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2022

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

29.89

Transaction ID : SB17.8817

☐ Memo Item

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2022

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

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

129.51

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)

PAGE 49 OF 156

☒ 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. DOORDASH

Mailing Address 901 Market Street #6

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		22		2022

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

68.55

Transaction ID : SB17.8818

☐ Memo Item

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2022

☒ Primary ☐ General☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. DOORDASH

Mailing Address 901 Market Street #6

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		22		2022

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

35.01

Transaction ID : SB17.8819

☐ Memo Item

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2022

☒ Primary ☐ General☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. DOORDASH

Mailing Address 901 Market Street #6

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2022

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

23.00

Transaction ID : SB17.8820

☐ Memo Item

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2022

☒ Primary ☐ General☐ Other (specify) ▼

State:

District:

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

126.56

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)

PAGE 50 OF 156

☒ 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. DOORDASH

Mailing Address 901 Market Street #6

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2022

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

39.00

Transaction ID : SB17.8821

☐ Memo Item

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2022

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. DOORDASH

Mailing Address 901 Market Street #6

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2022

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

264.00

Transaction ID : SB17.8822

☐ Memo Item

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2022

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. DOORDASH

Mailing Address 901 Market Street #6

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2022

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

48.00

Transaction ID : SB17.8823

☐ Memo Item

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2022

☒ Primary☐ General☐ Other (specify) ▼

State:

District:

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

351.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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. Emily, Dray, , ,

Mailing Address 310 NW 197th Ave

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		22		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

372.00

Transaction ID : SB17.8638

☐ Memo Item**B. Future Adventures**

Mailing Address 13020 SW 30th Ct

City
DavieState
FLZip Code
33330Purpose of Disbursement
Compliance Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		03		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1741.14

Transaction ID : SB17.8824

☐ Memo Item**C. Future Adventures**

Mailing Address 13020 SW 30th Ct

City
DavieState
FLZip Code
33330Purpose of Disbursement
Compliance Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		10		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

875.00

Transaction ID : SB17.8825

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

2988.14

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Future Adventures

Mailing Address 13020 SW 30th Ct

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		17		2022

City
DavieState
FLZip Code
33330Purpose of Disbursement
Compliance Consulting

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

1015.34

Transaction ID : SB17.8826

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

B. Future Adventures

Mailing Address 13020 SW 30th Ct

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		24		2022

City
DavieState
FLZip Code
33330Purpose of Disbursement
Compliance Consulting

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

1500.00

Transaction ID : SB17.8827

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

C. Future Adventures

Mailing Address 13020 SW 30th Ct

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		01		2022

City
DavieState
FLZip Code
33330Purpose of Disbursement
Compliance Consulting

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

1202.70

Transaction ID : SB17.8828

☐ Memo Item

State:

District:

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

3718.04

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Future Adventures

Mailing Address 13020 SW 30th Ct

City
DavieState
FLZip Code
33330Purpose of Disbursement
Compliance Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

875.00

Transaction ID : SB17.8829

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Future Adventures

Mailing Address 13020 SW 30th Ct

City
DavieState
FLZip Code
33330Purpose of Disbursement
Compliance Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		18		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

875.00

Transaction ID : SB17.8830

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. G-4 Consulting

Mailing Address 19485 SW 67TH Street

City
Pembroke PinesState
FLZip Code
33332Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		07		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17.8832

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

2450.00

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

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. G-4 Consulting

Mailing Address 19485 SW 67TH Street

City
Pembroke PinesState
FLZip Code
33332Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1400.00

Transaction ID : SB17.8836

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. G-4 Consulting

Mailing Address 19485 SW 67TH Street

City
Pembroke PinesState
FLZip Code
33332Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17.8837

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. G-4 Consulting

Mailing Address 19485 SW 67TH Street

City
Pembroke PinesState
FLZip Code
33332Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17.8833

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

2800.00

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

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. G-4 Consulting

Mailing Address 19485 SW 67TH Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		15		2022

City
Pembroke PinesState
FLZip Code
33332Purpose of Disbursement
Campaign Consulting

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17.8834

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. G-4 Consulting

Mailing Address 19485 SW 67TH Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		23		2022

City
Pembroke PinesState
FLZip Code
33332Purpose of Disbursement
Campaign Consulting

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17.8835

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Giovanna, Santo, , ,

Mailing Address 16760 SW 36th Court

Date of Disbursement

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

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

60.00

Transaction ID : SB17.8642

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

1460.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Giovanna, Santo, , ,

Mailing Address 16760 SW 36th Court

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		16		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

60.00

Transaction ID : SB17.8641

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Giovanna, Santo, , ,

Mailing Address 16760 SW 36th Court

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		22		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

75.00

Transaction ID : SB17.8643

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Guerda, Jules, , ,

Mailing Address 7331 Plantation Blvd

City
MiramarState
FLZip Code
33023Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		04		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

305.00

Transaction ID : SB17.8644

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

440.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Guerda, Jules, , ,

Mailing Address 7331 Plantation Blvd

City
MiramarState
FLZip Code
33023Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		22		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17.8645

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Guerda, Jules, , ,

Mailing Address 7331 Plantation Blvd

City
MiramarState
FLZip Code
33023Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

920.00

Transaction ID : SB17.8646

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Guerda, Jules, , ,

Mailing Address 7331 Plantation Blvd

City
MiramarState
FLZip Code
33023Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

860.00

Transaction ID : SB17.8647

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

1980.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Guerda, Jules, , ,

Mailing Address 7331 Plantation Blvd

City
MiramarState
FLZip Code
33023Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

572.00

Transaction ID : SB17.8648

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HILTON

Mailing Address 201 S Christopher Columbus Blvd

City
PhiladelphiaState
PAZip Code
19106Purpose of Disbursement
Travel

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1725.00

Transaction ID : SB17.8841

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Human Scale Strategies LLC

Mailing Address 3493 NW 68th St

City
MiamiState
FLZip Code
33147Purpose of Disbursement
Phone Bank

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		18		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.8843

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

7297.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Jacquette, Barber, , ,

Mailing Address 727 W Tiffany Drive

City
Mangonia ParkState
FLZip Code
33407Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		16		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1750.00

Transaction ID : SB17.8649

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jacquette, Barber, , ,

Mailing Address 727 W Tiffany Drive

City
Mangonia ParkState
FLZip Code
33407Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		01		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1750.00

Transaction ID : SB17.8650

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jacquette, Barber, , ,

Mailing Address 727 W Tiffany Drive

City
Mangonia ParkState
FLZip Code
33407Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1750.00

Transaction ID : SB17.8651

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

5250.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Jacquette, Barber, , ,

Mailing Address 727 W Tiffany Drive

City
Mangonia ParkState
FLZip Code
33407Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		18		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

875.00

Transaction ID : SB17.8652

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jacquette, Barber, , ,

Mailing Address 727 W Tiffany Drive

City
Mangonia ParkState
FLZip Code
33407Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		25		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

875.00

Transaction ID : SB17.8653

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Jeffrey, Romeu, , ,

Mailing Address 9055 SW 73rd Court

City
MiamiState
FLZip Code
33156Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		04		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.8654

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

2550.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Jeffrey, Romeu, , ,

Mailing Address 9055 SW 73rd Court

City
MiamiState
FLZip Code
33156Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		09		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.8655

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeffrey, Romeu, , ,

Mailing Address 9055 SW 73rd Court

City
MiamiState
FLZip Code
33156Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		11		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.8656

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeffrey, Romeu, , ,

Mailing Address 9055 SW 73rd Court

City
MiamiState
FLZip Code
33156Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		17		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1200.00

Transaction ID : SB17.8657

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

5500.00

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Jeffrey, Romeu, , ,

Mailing Address 9055 SW 73rd Court

City
MiamiState
FLZip Code
33156Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		01		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.8658

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeffrey, Romeu, , ,

Mailing Address 9055 SW 73rd Court

City
MiamiState
FLZip Code
33156Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		09		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.8659

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeffrey, Romeu, , ,

Mailing Address 9055 SW 73rd Court

City
MiamiState
FLZip Code
33156Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.8660

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

4700.00

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Jeffrey, Romeu, , ,

Mailing Address 9055 SW 73rd Court

City
MiamiState
FLZip Code
33156Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		16		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.8661

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeffrey, Romeu, , ,

Mailing Address 9055 SW 73rd Court

City
MiamiState
FLZip Code
33156Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		22		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.8662

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeffrey, Romeu, , ,

Mailing Address 9055 SW 73rd Court

City
MiamiState
FLZip Code
33156Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.8663

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

2400.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Jerry, Robertson, , ,

Mailing Address 825 29th Street

City
West Palm BeachState
FLZip Code
33407Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		15		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.8664

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jerry, Robertson, , ,

Mailing Address 825 29th Street

City
West Palm BeachState
FLZip Code
33407Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		02		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.8665

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jerry, Robertson, , ,

Mailing Address 825 29th Street

City
West Palm BeachState
FLZip Code
33407Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		16		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

860.00

Transaction ID : SB17.8666

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

2160.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Jerry, Robertson, , ,

Mailing Address 825 29th Street

City
West Palm BeachState
FLZip Code
33407Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		22		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

480.00

Transaction ID : SB17.8667

☐ Memo Item**B. JETBLUE**

Mailing Address 2701 Queen Plaza North

City
QueensState
NYZip Code
11101Purpose of Disbursement
Travel

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

273.60

Transaction ID : SB17.8844

☐ Memo Item**c. Johanna, LaBlanc, , ,**

Mailing Address 5911 Edsall Rd Apt 1106

City
AlexandriaState
VAZip Code
22304Purpose of Disbursement
Legal

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		14		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

3538.46

Transaction ID : SB17.8669

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

4292.06

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. Kameron, Doganieri, , ,

Mailing Address 7050 SW 59th St

City
Southwest RanchesState
FLZip Code
33331Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		17		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

425.00

Transaction ID : SB17.8671

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kameron, Doganieri, , ,

Mailing Address 7050 SW 59th St

City
Southwest RanchesState
FLZip Code
33331Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

263.50

Transaction ID : SB17.8672

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kameron, Doganieri, , ,

Mailing Address 7050 SW 59th St

City
Southwest RanchesState
FLZip Code
33331Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		15		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

216.75

Transaction ID : SB17.8673

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

905.25

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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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. Kameron, Doganieri, , ,

Mailing Address 7050 SW 59th St

City
Southwest RanchesState
FLZip Code
33331Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		22		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

102.00

Transaction ID : SB17.8674

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Karina, La Fauci, , ,

Mailing Address 925 NW 199th Terrace

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		09		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

130.00

Transaction ID : SB17.8677

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Karina, La Fauci, , ,

Mailing Address 925 NW 199th Terrace

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		24		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

150.00

Transaction ID : SB17.8678

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

382.00

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Karina, La Fauci, , ,

Mailing Address 925 NW 199th Terrace

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

135.00

Transaction ID : SB17.8679

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Karina, La Fauci, , ,

Mailing Address 925 NW 199th Terrace

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		21		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

138.75

Transaction ID : SB17.8680

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kathrine, White, , ,

Mailing Address 200 SW 6th Ave

City
North LauderdaleState
FLZip Code
33068Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		03		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.8681

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

673.75

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(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. Kathrine, White, , ,

Mailing Address 200 SW 6th Ave

City
North LauderdaleState
FLZip Code
33068Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

750.00

Transaction ID : SB17.8683

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kathrine, White, , ,

Mailing Address 200 SW 6th Ave

City
North LauderdaleState
FLZip Code
33068Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.8684

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kathrine, White, , ,

Mailing Address 200 SW 6th Ave

City
North LauderdaleState
FLZip Code
33068Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

450.00

Transaction ID : SB17.8685

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

2100.00

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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. Kathrine, White, , ,

Mailing Address 200 SW 6th Ave

City
North LauderdaleState
FLZip Code
33068Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		16		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

450.00

Transaction ID : SB17.8686

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kathrine, White, , ,

Mailing Address 200 SW 6th Ave

City
North LauderdaleState
FLZip Code
33068Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

450.00

Transaction ID : SB17.8687

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kathrine, White, , ,

Mailing Address 200 SW 6th Ave

City
North LauderdaleState
FLZip Code
33068Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

450.00

Transaction ID : SB17.8682

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

1350.00

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Kronos Films

Mailing Address 12600 SW 5th Ct #415

City
Pembroke PinesState
FLZip Code
33027Purpose of Disbursement
Video Production

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		07		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.8847

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kronos Films

Mailing Address 12600 SW 5th Ct #415

City
Pembroke PinesState
FLZip Code
33027Purpose of Disbursement
Video Production

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		17		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1200.00

Transaction ID : SB17.8848

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kronos Films

Mailing Address 12600 SW 5th Ct #415

City
Pembroke PinesState
FLZip Code
33027Purpose of Disbursement
Video Production

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.8849

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

2400.00

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Kronos Films

Mailing Address 12600 SW 5th Ct #415

City
Pembroke PinesState
FLZip Code
33027Purpose of Disbursement
Video Production

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		10		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.8851

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kronos Films

Mailing Address 12600 SW 5th Ct #415

City
Pembroke PinesState
FLZip Code
33027Purpose of Disbursement
Video Production

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		23		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.8845

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kronos Films

Mailing Address 12600 SW 5th Ct #415

City
Pembroke PinesState
FLZip Code
33027Purpose of Disbursement
Video Production

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		23		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17.8846

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

2300.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Kronos Films

Mailing Address 12600 SW 5th Ct #415

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2022

City
Pembroke PinesState
FLZip Code
33027Purpose of Disbursement
Video Production

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.8850

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Manny, Hartman, , ,

Mailing Address 3131 SW 16th Terrace

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		01		2022

City
MiamiState
FLZip Code
33145Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.8690

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Manny, Hartman, , ,

Mailing Address 3131 SW 16th Terrace

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		09		2022

City
MiamiState
FLZip Code
33145Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.8691

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

2800.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Manny, Hartman, , ,

Mailing Address 3131 SW 16th Terrace

City
MiamiState
FLZip Code
33145Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		17		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.8692

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Manny, Hartman, , ,

Mailing Address 3131 SW 16th Terrace

City
MiamiState
FLZip Code
33145Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		10		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.8693

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Manny, Hartman, , ,

Mailing Address 3131 SW 16th Terrace

City
MiamiState
FLZip Code
33145Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.8694

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

3000.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Manny, Hartman, , ,

Mailing Address 3131 SW 16th Terrace

City
MiamiState
FLZip Code
33145Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.8695

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Marilyn, Rodriguez, , ,

Mailing Address 9326 NW 9th Ave

City
PlantationState
FLZip Code
33324Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.8698

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Marilyn, Rodriguez, , ,

Mailing Address 9326 NW 9th Ave

City
PlantationState
FLZip Code
33324Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.8699

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

1505.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Marilyn, Rodriguez, , ,

Mailing Address 9326 NW 9th Ave

City
PlantationState
FLZip Code
33324Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.8700

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Marilyn, Rodriguez, , ,

Mailing Address 9326 NW 9th Ave

City
PlantationState
FLZip Code
33324Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		11		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.8701

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Marilyn, Rodriguez, , ,

Mailing Address 9326 NW 9th Ave

City
PlantationState
FLZip Code
33324Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		18		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

680.00

Transaction ID : SB17.8702

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

1275.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Marilyn, Rodriguez, , ,

Mailing Address 9326 NW 9th Ave

City
PlantationState
FLZip Code
33324Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		09		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.8703

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Marilyn, Rodriguez, , ,

Mailing Address 9326 NW 9th Ave

City
PlantationState
FLZip Code
33324Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		15		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.8704

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Marilyn, Rodriguez, , ,

Mailing Address 9326 NW 9th Ave

City
PlantationState
FLZip Code
33324Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.8705

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

1020.00

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Marina, Umana, , ,

Mailing Address 4220 SW 135th St

City
MiamiState
FLZip Code
33175Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		22		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

934.00

Transaction ID : SB17.8707

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mexca, Fils-Aime, , ,

Mailing Address 37 NE 53rd St

City
MiamiState
FLZip Code
33137Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		09		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

572.00

Transaction ID : SB17.8710

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Mexca, Fils-Aime, , ,

Mailing Address 37 NE 53rd St

City
MiamiState
FLZip Code
33137Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		18		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

180.00

Transaction ID : SB17.8712

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

1686.00

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. Mexca, Fils-Aime, , ,

Mailing Address 37 NE 53rd St

City
MiamiState
FLZip Code
33137Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		30		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

70.00

Transaction ID : SB17.8711

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mitchell Ceasar P.A.

Mailing Address 8181 West Broward Blvd Suite 370

City
PlantationState
FLZip Code
33324Purpose of Disbursement
Legal

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		07		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

6000.00

Transaction ID : SB17.8855

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Mitchell Ceasar P.A.

Mailing Address 8181 West Broward Blvd Suite 370

City
PlantationState
FLZip Code
33324Purpose of Disbursement
Legal

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

6000.00

Transaction ID : SB17.8856

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

12070.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Nadege, Leblanc, , ,

Mailing Address 13146 SW 47th St

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		07		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

378.86

Transaction ID : SB17.8714

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Palm Beach Democratic Party

Mailing Address 1195 N. Military Trail. Suite 4A

City
West Palm BeachState
FLZip Code
33409Purpose of Disbursement
Donation

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		07		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.8857

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Percipi Global

Mailing Address 208 Farragut St NW

City
WashingtonState
DCZip Code
20011Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		07		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.8860

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

5378.86

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

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Percipi Global

Mailing Address 208 Farragut St NW

City
WashingtonState
DCZip Code
20011Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.8861

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Percipi Global

Mailing Address 208 Farragut St NW

City
WashingtonState
DCZip Code
20011Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.8862

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ricardo, Valdez, , ,

Mailing Address 12600 SW 5th Ct #415

City
Pembroke PinesState
FLZip Code
33027Purpose of Disbursement
Video Production

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.8716

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

5800.00

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Rosanne, Alleyen, , ,

Mailing Address 5040 NE 7th Terrace

City
Pompano BeachState
FLZip Code
33064Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.8718

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Rosanne, Alleyen, , ,

Mailing Address 5040 NE 7th Terrace

City
Pompano BeachState
FLZip Code
33064Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

620.00

Transaction ID : SB17.8719

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Rosanne, Alleyen, , ,

Mailing Address 5040 NE 7th Terrace

City
Pompano BeachState
FLZip Code
33064Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

760.00

Transaction ID : SB17.8720

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

1630.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Samantha, Feldman, , ,

Mailing Address 17809 NW 16th St

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		03		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

238.00

Transaction ID : SB17.8721

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Samantha, Feldman, , ,

Mailing Address 17809 NW 16th St

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

195.50

Transaction ID : SB17.8722

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Samantha, Feldman, , ,

Mailing Address 17809 NW 16th St

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		17		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

425.00

Transaction ID : SB17.8723

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

858.50

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

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

Mailing Address 17809 NW 16th St

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

263.50

Transaction ID : SB17.8724

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Samantha, Feldman, , ,

Mailing Address 17809 NW 16th St

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		15		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

216.75

Transaction ID : SB17.8725

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Samantha, Feldman, , ,

Mailing Address 17809 NW 16th St

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

102.00

Transaction ID : SB17.8726

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

582.25

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

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Sherri, Butler, , ,

Mailing Address 7892 Dixie Beach Circle

City
TamaracState
FLZip Code
33321Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		03		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.8728

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sherri, Butler, , ,

Mailing Address 7892 Dixie Beach Circle

City
TamaracState
FLZip Code
33321Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		03		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.8729

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Sherri, Butler, , ,

Mailing Address 7892 Dixie Beach Circle

City
TamaracState
FLZip Code
33321Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		17		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

680.00

Transaction ID : SB17.8730

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

1190.00

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Sherri, Butler, , ,

Mailing Address 7892 Dixie Beach Circle

City
TamaracState
FLZip Code
33321Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		17		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.8731

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sherri, Butler, , ,

Mailing Address 7892 Dixie Beach Circle

City
TamaracState
FLZip Code
33321Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		15		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.8732

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sherri, Butler, , ,

Mailing Address 7892 Dixie Beach Circle

City
TamaracState
FLZip Code
33321Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		15		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.8733

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

1020.00

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Sherri, Butler, , ,

Mailing Address 7892 Dixie Beach Circle

City
TamaracState
FLZip Code
33321Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.8734

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sherri, Butler, , ,

Mailing Address 7892 Dixie Beach Circle

City
TamaracState
FLZip Code
33321Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.8727

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Sistrunk Historial Organization

Mailing Address PO Box 1122

City
Fort LauderdaleState
FLZip Code
33302Purpose of Disbursement
Donation

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.8864

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

930.00

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

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Sky Administration Inc.

Mailing Address 401 N Rosemary Ave

City
West Palm BeachState
FLZip Code
33401Purpose of Disbursement
Rent

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
03	23	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

2150.00

Transaction ID : SB17.8865

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sky Administrations Inc.

Mailing Address 401 N Rosemary Ave

City
West Palm BeachState
FLZip Code
33401Purpose of Disbursement
Rent

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
02	09	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

2175.00

Transaction ID : SB17.8867

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Sophia, Seguin, , ,

Mailing Address 9410 NW 8th Street

City
Pembroke PinesState
FLZip Code
33024Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
03	03	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

150.00

Transaction ID : SB17.8738

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

4475.00

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

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Sophia, Seguin, , ,

Mailing Address 9410 NW 8th Street

City
Pembroke PinesState
FLZip Code
33024Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

135.00

Transaction ID : SB17.8739

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sophia, Seguin, , ,

Mailing Address 9410 NW 8th Street

City
Pembroke PinesState
FLZip Code
33024Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

139.00

Transaction ID : SB17.8740

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Southwest

Mailing Address 2702 Love Field Dr.

City
DallasState
TXZip Code
75235Purpose of Disbursement
Travel

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

259.98

Transaction ID : SB17.8868

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

533.98

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. SQUARESPACE INC.

Mailing Address Eight Clarkson St 12th Floor

Date of Disbursement

M M	D D	Y Y Y Y
02	11	2022

City
New YorkState
NYZip Code
10014Purpose of Disbursement
Advertising

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

4500.00

Transaction ID : SB17.8869

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Susan, Spinnoble, , ,

Mailing Address 8610 S. Southgate Shores Circle

Date of Disbursement

M M	D D	Y Y Y Y
02	04	2022

City
TamaracState
FLZip Code
33321Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.8741

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Susan, Spinnoble, , ,

Mailing Address 8610 S. Southgate Shores Circle

Date of Disbursement

M M	D D	Y Y Y Y
02	08	2022

City
TamaracState
FLZip Code
33321Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

650.00

Transaction ID : SB17.8742

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

5400.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Susan, Spinnoble, , ,

Mailing Address 8610 S. Southgate Shores Circle

Date of Disbursement

M M	D D	Y Y Y Y
02	22	2022

City
TamaracState
FLZip Code
33321Purpose of Disbursement
Wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

540.00

Transaction ID : SB17.8743

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Twana, McCormick, , ,

Mailing Address 4593 SW 132nd Ave

Date of Disbursement

M M	D D	Y Y Y Y
02	03	2022

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

950.00

Transaction ID : SB17.8744

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Twana, McCormick, , ,

Mailing Address 4593 SW 132nd Ave

Date of Disbursement

M M	D D	Y Y Y Y
02	09	2022

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

950.00

Transaction ID : SB17.8745

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

2440.00

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

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Twana, McCormick, , ,

Mailing Address 4593 SW 132nd Ave

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		16		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1900.00

Transaction ID : SB17.8746

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Twana, McCormick, , ,

Mailing Address 4593 SW 132nd Ave

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		04		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

950.00

Transaction ID : SB17.8747

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Twana, McCormick, , ,

Mailing Address 4593 SW 132nd Ave

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

950.00

Transaction ID : SB17.8748

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

3800.00

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
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Twana, McCormick, , ,

Mailing Address 4593 SW 132nd Ave

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		18		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

950.00

Transaction ID : SB17.8751

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Twana, McCormick, , ,

Mailing Address 4593 SW 132nd Ave

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		22		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

950.00

Transaction ID : SB17.8750

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Twana, McCormick, , ,

Mailing Address 4593 SW 132nd Ave

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

950.00

Transaction ID : SB17.8749

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

2850.00

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

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Willis, Howard, , ,

Mailing Address 15700 NW 37th Ct.

City
Miami GardensState
FLZip Code
33054Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		18		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

2300.00

Transaction ID : SB17.8754

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Willis, Howard, , ,

Mailing Address 15700 NW 37th Ct.

City
Miami GardensState
FLZip Code
33054Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		10		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.8755

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Zandlee, Grant, , ,

Mailing Address 4007 W Woodscape Dr

City
MiramarState
FLZip Code
33023Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		14		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.8756

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

9800.00

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

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

PAGE 95 OF 156

☒ 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. Zandlee, Grant, , ,

Mailing Address 4007 W Woodscape Dr

City
MiramarState
FLZip Code
33023Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		04		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.8757

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Zandlee, Grant, , ,

Mailing Address 4007 W Woodscape Dr

City
MiramarState
FLZip Code
33023Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		07		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.8758

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Zandlee, Grant, , ,

Mailing Address 4007 W Woodscape Dr

City
MiramarState
FLZip Code
33023Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.8759

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

5000.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Zandlee, Grant, , ,

Mailing Address 4007 W Woodscape Dr

City
MiramarState
FLZip Code
33023Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		18		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.8760

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Zandlee, Grant, , ,

Mailing Address 4007 W Woodscape Dr

City
MiramarState
FLZip Code
33023Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		25		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.8761

☐ 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).....▶

2500.00

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

197327.41

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

PAGE 97 OF 156

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4114

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 03^MD 15^D

Y 2020 Y

M M

D D

Y 9/1/2020 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

50000.00

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

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

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

PAGE 98 OF 156

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

PAGE 99 OF 156

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)
LOANS

PAGE 100 OF 156

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/10.6489

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)
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/10.6490

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M /

D 01 D /

Y 2021 Y

M M /

D D /

Y 01/13/2023 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

100000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6492

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

2000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 24 D

Y 2021 Y

M M

D D

Y 01/13/2023 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

2000000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(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)
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/10.7309

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 07^MD 12^DY 2021^Y

M M

D D

Y 12/31/2025^Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

25000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7310

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 07^M /D 14^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).....▶

25000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
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NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7311

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

150000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 07^M/ D 21^D

/ Y 2021 Y

M M

/ D D

/ Y 12/31/2025 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

150000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7312

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

45000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

45000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

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

M M /

D D /

Y 12/31/2025^Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

45000.00

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

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

SCHEDULE C (FEC Form 3)
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/10.7313

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

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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)
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/10.7315

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)
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/10.7316

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 08 M

D 17 D

Y 2021 Y

M M

D D

Y 12/31/2025 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

10000.00

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

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

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

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7317

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08^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)
LOANS

PAGE 114 OF 156

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/10.7318

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M /

D 19 D /

Y 2021 Y

M M /

D D /

Y 12/31/25 Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

40000.00

TOTALS This Period (last page in this line only) ➤

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 115 OF 156

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/10.7319

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

52700.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

52700.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M

D 23 D

Y 2021 Y

M M

D D

Y 12/31/25 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

52700.00

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

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

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

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7320

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 08 M

D 25 D

Y 2021 Y

M M

D D

Y 12/31/25 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

20000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 117 OF 156

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/10.7321

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

23000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

23000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M

D 31 D

Y 2021 Y

M M

D D

Y 12/31/25 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

23000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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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/10.7322

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)
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/10.7323

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

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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)
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/10.7325

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 15 D

Y 2021 Y

M M

D D

Y 12/31/25 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

100000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7326

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 21 D

Y 2021 Y

M M

D D

Y 12/31/25 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

30000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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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/10.7327

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M /

D 22 D /

Y 2021 Y

M M /

D D /

Y 12/31/25 Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

30000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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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/10.7328

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

126101.63

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

126101.63

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 23 D

Y 2021 Y

M M

D D

Y 12/31/25 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

126101.63

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

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

SCHEDULE C (FEC Form 3)
LOANS

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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/10.7329

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)
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/10.7330

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 127 OF 156

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 128 OF 156

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)
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/10.7333

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

18000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

18000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M /

D 05 D /

Y 2021 Y

M M /

D D /

Y 12/31/25 Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

18000.00

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

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

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

PAGE 130 OF 156

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 M /

D 07 D /

Y 2021 Y

M M /

D D /

Y 12/31/25 Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

20000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 131 OF 156

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/10.7335

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

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8175

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 10^MD 15^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).....▶

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 133 OF 156

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8176

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

211000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

211000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10^MD 18^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).....▶

211000.00

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

Carry outstanding balance only 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 156

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7338

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)
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/10.7341

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)
LOANS

PAGE 136 OF 156

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/10.7339

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

341000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

341000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M /

D 25 D /

Y 2021 Y

M M /

D D /

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

341000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 137 OF 156

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/10.7344

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) ▼
11/2/2021

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

341000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

341000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 10 M /

D 25 D /

Y 2021 Y

M M /

D D /

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

341000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8177

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

90000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

90000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M /

D 25 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).....▶

90000.00

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

Carry outstanding balance only 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 156

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-General

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 140 OF 156

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 141 OF 156

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 142 OF 156

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)
LOANS

PAGE 143 OF 156

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8184

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

70000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

70000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M

D 09 D

Y 2022 Y

M M

D D

Y 12/31/2024 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

70000.00

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

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

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

PAGE 144 OF 156

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 145 OF 156

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 146 OF 156

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 147 OF 156

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8873

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 02 M

D 01 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

25000.00

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

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

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

PAGE 148 OF 156

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8874

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 02 M

D 09 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

30000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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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/10.8875

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 150 OF 156

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8876

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 02 M

D 15 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

1000.00

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

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

SCHEDULE C (FEC Form 3)
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/10.8877

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

35000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

35000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 02 M

D 17 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

35000.00

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

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

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

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8878

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M /

D 01 D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

5000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 153 OF 156

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/10.8879

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

37000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

37000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 03 M

D 03 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

37000.00

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

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

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

PAGE 154 OF 156

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8880

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 03^MD 18^D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

20000.00

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

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

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

PAGE 155 OF 156

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8881

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M

D 25 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

5000.00

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

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

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

PAGE 156 OF 156

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8882

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

400000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

400000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03^MD 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).....▶

400000.00

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

4617196.44

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