

# 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

Check if different than previously reported. (ACC)

MIRAMAR

FL

33023

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 MM / DD / YYYY in the State of

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

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

Election on MM / DD / YYYY in the State of FL

5. Covering Period

MM / DD / YYYY 12 / 23 / 2021

through

MM / DD / YYYY 01 / 31 / 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

AINA, OLUBISI, , Dr.,

Signature of Treasurer

[Electronically Filed]

Date

MM / DD / YYYY 02 / 10 / 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								
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**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	50878.16	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)).....	50878.16	177950.16
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	213186.77	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)).....	213186.77	2861692.69
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	1275548.10	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	4049196.44	

**For further information contact:**

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Report Covering the Period: From: 12 / 23 / 2021 To: 01 / 31 / 2022

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 01 / 11 / 2022 (date of general election)	COLUMN C Total for 01 / 12 / 2022 (date after general election)  through 01 / 31 / 2022 (last day of reporting period)
<b>11. CONTRIBUTIONS</b> (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
0.00	112710.46	0.00
(ii) Unitemized		
0.00	22009.41	0.00
(iii) Total of contributions from individuals		
0.00	134719.87	0.00
(b) Political Party Committees		
0.00	0.00	0.00
(c) Other Political Committees		
47481.18	39833.31	7647.87

# POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 136

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
3396.98	3396.98	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
50878.16	177950.16	7647.87
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
115000.00	5973764.94	45000.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
115000.00	5973764.94	45000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
6788.14	6788.14	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
172666.30	6158503.24	52647.87

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 136

Write or Type Committee Name

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Report Covering the Period: From:  /  /  To:  /  /

**II. DISBURSEMENTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
<b>17. OPERATING EXPENDITURES</b>		
<input type="text" value="213186.77"/>	<input type="text" value="2861692.69"/>	<input type="text" value="94302.73"/>
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="0.00"/>	<input type="text" value="2019568.50"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="0.00"/>	<input type="text" value="2019568.50"/>	<input type="text" value="0.00"/>
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

## POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 136

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	0.00	0.00
------	------	------

21. OTHER DISBURSEMENTS

0.00	0.00	0.00
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22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

213186.77	4881261.19	94302.73
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### III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

50878.16	177950.16	7647.87
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### IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

213186.77	2861692.69	94302.73
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### V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1316068.57
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	172666.30
25. SUBTOTAL (add Line 23 and Line 24).....	1488734.87
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	213186.77
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	1275548.10

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

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

FOR LINE NUMBER: PAGE 7 OF 136  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Book, Ron, , ,**  
 Mailing Address 18851 NE 29th Avenue suite 1010  
 City Aventura State FL Zip Code 33180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ronald L. Book, P.A. Occupation Attorney  
 Receipt For: 2022  
 Primary  General  
 Other (specify) **Special-General**  
 Election Cycle-to-Date **2900.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 23 / 2022  
**Transaction ID : SA11AI.8233**  
 Amount of Each Receipt this Period  
 2900.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Davis, Michael, , ,**  
 Mailing Address 19355 Turnberry Way  
 City Aventura State FL Zip Code 33180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kuehne Davis Law Occupation Attorney  
 Receipt For: 2022  
 Primary  General  
 Other (specify) **Special-General**  
 Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 10 / 2022  
**Transaction ID : SA11AI.8205**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 Contribution earmarked through ActBlue.

**C.** Full Name (Last, First, Middle Initial)  
**Fanjul, Alfonso, , ,**  
 Mailing Address 1 North Clematis Street, #200  
 City West Palm Beach State FL Zip Code 33401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Florida Crystals Occupation Executive  
 Receipt For: 2022  
 Primary  General  
 Other (specify) **Special-General**  
 Election Cycle-to-Date **2900.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 10 / 2022  
**Transaction ID : SA11AI.8217**  
 Amount of Each Receipt this Period  
 2900.00  
 Memo Item  
 Contribution earmarked through ActBlue.

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 136  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Fanjul, Andres, , ,**

Mailing Address 109 Wells Road

City: Palm Beach State: FL Zip Code: 33480

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

Name of Employer: Florida Crystals Occupation: Executive

Receipt For: 2022  
 Primary  General  
 Other (specify) **Special-General**

Election Cycle-to-Date **2900.00**

Date of Receipt: 01 / 10 / 2022

Transaction ID : SA11AI.8213

Amount of Each Receipt this Period: 2900.00

Memo Item  
Contribution earmarked through ActBlue.

**B.** Full Name (Last, First, Middle Initial)  
**Fanjul, Catherine, , ,**

Mailing Address 109 Wells Road

City: Palm Beach State: FL Zip Code: 33480

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

Name of Employer: Not employed Occupation: Not employed

Receipt For: 2022  
 Primary  General  
 Other (specify) **Special-General**

Election Cycle-to-Date **2900.00**

Date of Receipt: 01 / 10 / 2022

Transaction ID : SA11AI.8211

Amount of Each Receipt this Period: 2900.00

Memo Item  
Contribution earmarked through ActBlue.

**C.** Full Name (Last, First, Middle Initial)  
**Fanjul, Raysa, , ,**

Mailing Address 1 North Clematis Street, #200

City: West Palm Beach State: FL Zip Code: 33401

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

Name of Employer: Not Employed Occupation: Not Employed

Receipt For: 2022  
 Primary  General  
 Other (specify) **Special-General**

Election Cycle-to-Date **2900.00**

Date of Receipt: 01 / 10 / 2022

Transaction ID : SA11AI.8215

Amount of Each Receipt this Period: 2900.00

Memo Item  
Contribution earmarked through ActBlue.

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **0.00**

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



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

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

FOR LINE NUMBER: PAGE 9 OF 136  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Fernandez, Lilian, , ,**  
 Mailing Address 318 Caribbean Road  
 City: Palm Beach State: FL Zip Code: 33480  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: Lilian Fernandez Interiors Occupation: Interior Designer  
 Receipt For: 2022  
 Primary  General  
 Other (specify) **Special-General**  
 Election Cycle-to-Date: 2900.00

Date of Receipt: 01 / 10 / 2022  
**Transaction ID : SA11AI.8221**  
 Amount of Each Receipt this Period: 2900.00  
 Memo Item  
 Contribution earmarked through ActBlue.

**B.** Full Name (Last, First, Middle Initial)  
**Fernandez, Luis, , ,**  
 Mailing Address 318 Caribbean Road  
 City: Palm Beach State: FL Zip Code: 33480  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: Florida Crystals Occupation: CFO  
 Receipt For: 2022  
 Primary  General  
 Other (specify) **Special-General**  
 Election Cycle-to-Date: 2900.00

Date of Receipt: 01 / 10 / 2022  
**Transaction ID : SA11AI.8219**  
 Amount of Each Receipt this Period: 2900.00  
 Memo Item  
 Contribution earmarked through ActBlue.

**C.** Full Name (Last, First, Middle Initial)  
**Haegelin, Gloria, , ,**  
 Mailing Address 756 20th Ave  
 City: Clarkston State: WA Zip Code: 99403-3110  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: Not Employed Occupation: Not Employed  
 Receipt For: 2022  
 Primary  General  
 Other (specify) **Special-General**  
 Election Cycle-to-Date: 2010.00

Date of Receipt: 01 / 10 / 2022  
**Transaction ID : SA11AI.8210**  
 Amount of Each Receipt this Period: 2010.00  
 Memo Item  
 Contribution earmarked through ActBlue.

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 10 OF 136  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Hughley, Clifford, , ,**  
 Mailing Address 941 W. Morse Blvd, suite 100  
 City Winter Park State FL Zip Code 32789  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Milestone Consulting & Const Occupation Project Manager  
 Receipt For: 2022  
 Primary  General  
 Other (specify) **Special-General**  
 Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 16 / 2022  
**Transaction ID : SA11AI.8227**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 Contribution earmarked through ActBlue.

**B.** Full Name (Last, First, Middle Initial)  
**Josue, Cholet, , ,**  
 Mailing Address 8228 Harvest Bend LN, Apt 14  
 City Laurel State MD Zip Code 20707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Not Employed Occupation Not Employed  
 Receipt For: 2022  
 Primary  General  
 Other (specify) **Special-General**  
 Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 23 / 2022  
**Transaction ID : SA11AI.8231**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 Contribution earmarked through ActBlue.

**C.** Full Name (Last, First, Middle Initial)  
**Mesidor, Cleve, , ,**  
 Mailing Address 1501 27 Street SE #309  
 City Washington State DC Zip Code 20020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Natl Policy Network Blockchain Occupation Consultant  
 Receipt For: 2022  
 Primary  General  
 Other (specify) **Special-General**  
 Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 16 / 2022  
**Transaction ID : SA11AI.8225**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 Contribution earmarked through ActBlue.

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **0.00**  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 11 OF 136  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**Mirza, Khalid, , ,**  
 Mailing Address 13100 Mustang Trail  
 City Southwest Ranches State FL Zip Code 33330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mirza Associates Inc Occupation Real Estate Investor  
 Receipt For: 2022  
 Primary  General  
 Other (specify) **Special-General**  
 Election Cycle-to-Date **2900.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 10 / 2022  
**Transaction ID : SA11AI.8223**  
 Amount of Each Receipt this Period  
 2900.00  
 Memo Item  
 Contribution earmarked through ActBlue.

**B.** Full Name (Last, First, Middle Initial)  
**Pittman, Sean, , ,**  
 Mailing Address Wilhelmina Square, 4167 Afton Cour  
 City West Palm Beach State FL Zip Code 32301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pittman Law Group, P.L. Occupation Attorney  
 Receipt For: 2022  
 Primary  General  
 Other (specify) **Special-General**  
 Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 16 / 2022  
**Transaction ID : SA11AI.8229**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 Contribution earmarked through ActBlue.

**C.** Full Name (Last, First, Middle Initial)  
**Therilus, Theresa, , ,**  
 Mailing Address 13969 sw 44 lane circle, Unit C  
 City Miami State FL Zip Code 33186  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer City of North Miami Occupation Attorney  
 Receipt For: 2022  
 Primary  General  
 Other (specify) **Special-General**  
 Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 10 / 2022  
**Transaction ID : SA11AI.8207**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 Contribution earmarked through ActBlue.

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶ 0.00

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

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

FOR LINE NUMBER: PAGE 12 OF 136  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

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

Mailing Address PO BOX 441146

City SOMERVILLE State MA Zip Code 02144

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

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify)  Special-General

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 10 / 2022

**Transaction ID : SA11C.8235**

Amount of Each Receipt this Period  
 4418.88

Memo Item  
 Total earmarked through conduit. Limit not affected.

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

Mailing Address PO BOX 441146

City SOMERVILLE State MA Zip Code 02144

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

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify)  Special-General

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 10 / 2022

**Transaction ID : SA11C.8237**

Amount of Each Receipt this Period  
 3588.17

Memo Item  
 Total earmarked through conduit. Limit not affected.

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

Mailing Address PO BOX 441146

City SOMERVILLE State MA Zip Code 02144

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

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify)  Special-General

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 10 / 2022

**Transaction ID : SA11C.8238**

Amount of Each Receipt this Period  
 18821.93

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 26828.98

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 136  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

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

Mailing Address PO BOX 441146

City SOMERVILLE State MA Zip Code 02144

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

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify)  Special-General

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 10 / 2022

**Transaction ID : SA11C.8239**

Amount of Each Receipt this Period  
 85.45

Memo Item  
 Total earmarked through conduit. Limit not affected.

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

Mailing Address PO BOX 441146

City SOMERVILLE State MA Zip Code 02144

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

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify)  Special-General

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 10 / 2022

**Transaction ID : SA11C.8240**

Amount of Each Receipt this Period  
 4418.88

Memo Item  
 Total earmarked through conduit. Limit not affected.

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

Mailing Address PO BOX 441146

City SOMERVILLE State MA Zip Code 02144

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

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify)  Special-General

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 16 / 2022

**Transaction ID : SA11C.8241**

Amount of Each Receipt this Period  
 1766.86

Memo Item  
 Total earmarked through conduit. Limit not affected.

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6271.19

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

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

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

FOR LINE NUMBER: PAGE 14 OF 136  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

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

Mailing Address PO BOX 441146

City SOMERVILLE State MA Zip Code 02144

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

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify)  Special-General

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 23 / 2022

**Transaction ID : SA11C.8242**

Amount of Each Receipt this Period  
 3381.01

Memo Item  
 Total earmarked through conduit. Limit not affected.

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN SUGARBEET GROWERS ASSOCIATION PAC**

Mailing Address 1155 15TH STREET NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00167684

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify)  Special-General

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 10 / 2022

**Transaction ID : SA11C.8194**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
 Political Committee

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN SUGAR CANE LEAGUE OF USA INC POLITICAL ACTION COMMITTEE**

Mailing Address P. O. DRAWER 938

City THIBODAUX State LA Zip Code 70302

FEC ID number of contributing federal political committee. **C** C00081414

Name of Employer Occupation

Receipt For: 2022  
 Primary  General  
 Other (specify)  Special-General

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 10 / 2022

**Transaction ID : SA11C.8196**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
 Political Committee

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5381.01

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 136  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**HIGHER HEIGHTS FOR AMERICA PAC**

Mailing Address 147 PRINCE STREET  
SUITE 30

City: BROOKLYN State: NY Zip Code: 11201

FEC ID number of contributing federal political committee: **C** C00566067

Name of Employer: Occupation:

Receipt For: 2022  
 Primary  General  
 Other (specify) **Special-General**

Election Cycle-to-Date: 2500.00

Date of Receipt: 01 / 19 / 2022

Transaction ID : SA11C.8203

Amount of Each Receipt this Period: 2500.00

Memo Item Political Committee

**B.** Full Name (Last, First, Middle Initial)  
**PROGRESSIVE TURNOUT PROJECT**

Mailing Address PO BOX 4029

City: CHICAGO State: IL Zip Code: 60654

FEC ID number of contributing federal political committee: **C** C00580068

Name of Employer: Occupation:

Receipt For: 5000  
 Primary  General  
 Other (specify) **Special-General**

Election Cycle-to-Date: 5000.00

Date of Receipt: 01 / 10 / 2022

Transaction ID : SA11C.8198

Amount of Each Receipt this Period: 5000.00

Memo Item Political Committee

**C.** Full Name (Last, First, Middle Initial)  
**VAL DEMINGS FOR U.S. SENATE**

Mailing Address PO BOX 536926

City: ORLANDO State: FL Zip Code: 32853

FEC ID number of contributing federal political committee: **C** C00590489

Name of Employer: Occupation:

Receipt For: 2022  
 Primary  General  
 Other (specify) **Special-General**

Election Cycle-to-Date: 1500.00

Date of Receipt: 01 / 11 / 2022

Transaction ID : SA11C.8201

Amount of Each Receipt this Period: 1500.00

Memo Item Political Committee

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	9000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	47481.18

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 136	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14

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

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

**A.** Full Name (Last, First, Middle Initial)  
**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) **Special-General**

Election Cycle-to-Date **5903764.94**

Date of Receipt  

M M / D D / Y Y Y Y Y Y
12 / 23 / 2021

**Transaction ID : SA11D.8243**

Amount of Each Receipt this Period  

900.00
--------

Memo Item  
In-kind - Facebook Ads

**B.** 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) **Special-General**

Election Cycle-to-Date **5903764.94**

Date of Receipt  

M M / D D / Y Y Y Y Y Y
12 / 28 / 2021

**Transaction ID : SA11D.8245**

Amount of Each Receipt this Period  

996.03
--------

Memo Item  
In-kind - Facebook Ads

**C.** 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) **Special-General**

Election Cycle-to-Date **5903764.94**

Date of Receipt  

M M / D D / Y Y Y Y Y Y
12 / 30 / 2021

**Transaction ID : SA11D.8246**

Amount of Each Receipt this Period  

900.00
--------

Memo Item  
In-kind - Facebook Ads

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	2796.03
<b>TOTAL</b> This Period (last page this line number only)..... ▶	



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

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

FOR LINE NUMBER: PAGE 17 OF 136  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**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) **Special-General**

Election Cycle-to-Date **5903764.94**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 04 / 2022

Transaction ID : SA11D.8247

Amount of Each Receipt this Period  
 600.95

Memo Item  
 In-kind - Facebook Ads

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) **▼**

Election Cycle-to-Date **▼**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) **▼**

Election Cycle-to-Date **▼**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.95
<b>TOTAL</b> This Period (last page this line number only).....▶	3396.98

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

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

FOR LINE NUMBER: PAGE 18 OF 136  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**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) **Special-General**

Election Cycle-to-Date **5973764.94**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 01 09 2022

**Transaction ID : SA13A.8184**

Amount of Each Receipt this Period  
 70000.00

Memo Item

**B.** 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 **10000.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 01 18 2022

**Transaction ID : SA13A.8185**

Amount of Each Receipt this Period  
 10000.00

Memo Item

**C.** 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 **30000.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 01 19 2022

**Transaction ID : SA13A.8186**

Amount of Each Receipt this Period  
 20000.00

Memo Item

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

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

100000.00

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

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

FOR LINE NUMBER: PAGE 19 OF 136  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**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 ▼  
45000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 20 / 2022

Transaction ID : SA13A.8187

Amount of Each Receipt this Period  
 15000.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	115000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 136			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Accurate Business Systems</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2021		
Mailing Address 15725 NW 15th Ave			FEC Identification Number C C00677492		
City Miami Gardens	State FL	Zip Code 33169	Amount of Each Disbursement this Period 1455.20		
Purpose of Disbursement Marketing Consultant		Category/ Type 004	Transaction ID : SB17.8536		
Candidate Name SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General				
State: FL	District: 20				

Full Name (Last, First, Middle Initial) <b>B. Airlines, American, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2022		
Mailing Address P.O. Box 619616			FEC Identification Number C		
City DFW Airport	State TX	Zip Code 75261	Amount of Each Disbursement this Period 274.60		
Purpose of Disbursement Travel		Category/ Type	Transaction ID : SB17.8455		
Memo Item <input type="checkbox"/>					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Alleyen, Rosanne, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2022		
Mailing Address 5040 NE 7th Terrace			FEC Identification Number C		
City Pompano Beach	State FL	Zip Code 33064	Amount of Each Disbursement this Period 860.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8294		
Memo Item <input type="checkbox"/>					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2589.80
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Alleyen, Rosanne, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2022
Mailing Address 5040 NE 7th Terrace		FEC Identification Number C
City Pompano Beach	State FL	Zip Code 33064
Purpose of Disbursement Wages		Amount of Each Disbursement this Period 1175.00
Candidate Name	Category/ Type	Transaction ID : SB17.8431
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Anderson, Arielle, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2022
Mailing Address 13146 SW 47th Street		FEC Identification Number C C00677492
City Miramar	State FL	Zip Code 33027
Purpose of Disbursement Wages		Amount of Each Disbursement this Period 323.00
Candidate Name SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC	Category/ Type	Transaction ID : SB17.8463
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	<input type="checkbox"/> Memo Item
State: FL District: 20		

Full Name (Last, First, Middle Initial) <b>C. Anderson, Arielle, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2022
Mailing Address 13146 SW 47th Street		FEC Identification Number C C00677492
City Miramar	State FL	Zip Code 33027
Purpose of Disbursement Wages		Amount of Each Disbursement this Period 250.00
Candidate Name SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC	Category/ Type	Transaction ID : SB17.8464
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	<input type="checkbox"/> Memo Item
State: FL District: 20		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1748.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 136			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

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

Full Name (Last, First, Middle Initial) <b>A. Anderson, Arielle, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2022		
Mailing Address 13146 SW 47th Street			FEC Identification Number <b>C</b> C00677492		
City Miramar	State FL	Zip Code 33027	Amount of Each Disbursement this Period 255.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : <b>SB17.8492</b>		
Candidate Name SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Memo Item <input type="checkbox"/>		
State: FL District: 20		Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General			

Full Name (Last, First, Middle Initial) <b>B. Aparicio, Alexandra, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2022		
Mailing Address 6380 Plunkett Street			FEC Identification Number <b>C</b>		
City Hollywood	State FL	Zip Code 33023	Amount of Each Disbursement this Period 1055.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : <b>SB17.8291</b>		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Memo Item <input type="checkbox"/>	
State: District:		Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other			

Full Name (Last, First, Middle Initial) <b>C. Aparicio, Alexandra, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2022		
Mailing Address 6380 Plunkett Street			FEC Identification Number <b>C</b>		
City Hollywood	State FL	Zip Code 33023	Amount of Each Disbursement this Period 1155.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : <b>SB17.8425</b>		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Memo Item <input type="checkbox"/>	
State: District:		Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2465.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Aparicio, Alexandra, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2022	
Mailing Address 6380 Plunkett Street			FEC Identification Number C	
City Hollywood	State FL	Zip Code 33023	Amount of Each Disbursement this Period 305.00	
Purpose of Disbursement Wages		Category/Type	Transaction ID : SB17.8526	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2021	
Mailing Address 208 S Akard Street #2954			FEC Identification Number C	
City Dallas	State TX	Zip Code 75202	Amount of Each Disbursement this Period 128.40	
Purpose of Disbursement Internet Service		Category/Type	Transaction ID : SB17.8253	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2022	
Mailing Address 208 S Akard Street #2954			FEC Identification Number C	
City Dallas	State TX	Zip Code 75202	Amount of Each Disbursement this Period 128.40	
Purpose of Disbursement Internet		Category/Type	Transaction ID : SB17.8515	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	561.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 136			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Barber, Jacquette, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2021		
Mailing Address 727 W Tiffany Drive			FEC Identification Number C		
City Mangonia Park	State FL	Zip Code 33407	Amount of Each Disbursement this Period 1750.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8283		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Barber, Jacquette, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2022		
Mailing Address 727 W Tiffany Drive			FEC Identification Number C		
City Mangonia Park	State FL	Zip Code 33407	Amount of Each Disbursement this Period 810.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8355		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Barber, Jacquette, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2022		
Mailing Address 727 W Tiffany Drive			FEC Identification Number C		
City Mangonia Park	State FL	Zip Code 33407	Amount of Each Disbursement this Period 420.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8356		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2980.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Barber, Jacquette, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2022
Mailing Address 727 W Tiffany Drive		FEC Identification Number C
City Mangonia Park	State FL	Zip Code 33407
Purpose of Disbursement Wages	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 1605.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.8376
State: District:	Special-General	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Barber, Jacquette, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2022
Mailing Address 727 W Tiffany Drive		FEC Identification Number C
City Mangonia Park	State FL	Zip Code 33407
Purpose of Disbursement Wages	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 3500.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.8521
State: District:	Special-General	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. BB&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2021
Mailing Address 3401 N Pine Island Rd		FEC Identification Number C
City Sunrise	State FL	Zip Code 33351
Purpose of Disbursement Bank Fees	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 400.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.8258
State: District:	Other	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5505.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. BB&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2021	
Mailing Address 3401 N Pine Island Rd			FEC Identification Number C	
City Sunrise	State FL	Zip Code 33351	Amount of Each Disbursement this Period 32.00	
Purpose of Disbursement Bank Fees		Category/ Type	Transaction ID : SB17.8260	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. BB&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2022	
Mailing Address 3401 N Pine Island Rd			FEC Identification Number C	
City Sunrise	State FL	Zip Code 33351	Amount of Each Disbursement this Period 40.00	
Purpose of Disbursement Bank Fees		Category/ Type	Transaction ID : SB17.8315	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. BB&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2022	
Mailing Address 3401 N Pine Island Rd			FEC Identification Number C	
City Sunrise	State FL	Zip Code 33351	Amount of Each Disbursement this Period 20.00	
Purpose of Disbursement Bank Fees		Category/ Type	Transaction ID : SB17.8323	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	92.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. BB&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2022	
Mailing Address 3401 N Pine Island Rd			FEC Identification Number C	
City Sunrise	State FL	Zip Code 33351	Amount of Each Disbursement this Period 12.00	
Purpose of Disbursement Bank Fees		Category/ Type	Transaction ID : SB17.8366	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Berean F Baptist Church</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2022	
Mailing Address 1016 NE 37th St,			FEC Identification Number C	
City Oakland Park	State FL	Zip Code 33334	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Donation		Category/ Type	Transaction ID : SB17.8317	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Berean F Baptist Church</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2022	
Mailing Address 1016 NE 37th St,			FEC Identification Number C	
City Oakland Park	State FL	Zip Code 33334	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Donation		Category/ Type	Transaction ID : SB17.8330	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3012.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 136			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Bowles, Latoya, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2022		
Mailing Address 740 Martin Luther King Blvd.			FEC Identification Number C		
City Riviera Beach	State FL	Zip Code 33404	Amount of Each Disbursement this Period 810.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8383		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Bowles, Latoya, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2022		
Mailing Address 740 Martin Luther King Blvd.			FEC Identification Number C		
City Riviera Beach	State FL	Zip Code 33404	Amount of Each Disbursement this Period 605.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8410		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Broward Democratic Party</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2022		
Mailing Address 8320 W Sunrise Blvd #203			FEC Identification Number C		
City Plantation	State FL	Zip Code 33322	Amount of Each Disbursement this Period 5000.00		
Purpose of Disbursement Donation		Category/ Type	Transaction ID : SB17.8458		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6415.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 136			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Bryant, Checree, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2021		
Mailing Address 890 Brandon Prescott Lane #205			FEC Identification Number C		
City West Palm Beach	State FL	Zip Code 33401	Amount of Each Disbursement this Period 700.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8281		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Butler, Sherri, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2022		
Mailing Address 789 Dixie Beach Circle			FEC Identification Number C C00677492		
City Tamarac	State FL	Zip Code 33321	Amount of Each Disbursement this Period 340.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8440		
Candidate Name SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General				
State: FL District: 20					

Full Name (Last, First, Middle Initial) <b>C. Butler, Sherri, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2022		
Mailing Address 789 Dixie Beach Circle			FEC Identification Number C C00677492		
City Tamarac	State FL	Zip Code 33321	Amount of Each Disbursement this Period 250.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8486		
Candidate Name SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General				
State: FL District: 20					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	▶	1290.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Callhub</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2021
Mailing Address 340 S. Lemon Ave #7468		FEC Identification Number C C00677492
City Walnut	State CA	Zip Code 91789
Purpose of Disbursement Software	Category/ Type	
Candidate Name SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC	Amount of Each Disbursement this Period 5000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General	Transaction ID : SB17.8254 <input type="checkbox"/> Memo Item
State: FL District: 20		

Full Name (Last, First, Middle Initial) <b>B. Cardosa, Cristina, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2022
Mailing Address 10400 NW 30th Court #402		FEC Identification Number C
City Sunrise	State FL	Zip Code 33322
Purpose of Disbursement Wages	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 340.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General	Transaction ID : SB17.8468 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Cardosa, Cristina, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2022
Mailing Address 10400 NW 30th Court #402		FEC Identification Number C
City Sunrise	State FL	Zip Code 33322
Purpose of Disbursement Wages	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 250.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General	Transaction ID : SB17.8484 <input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5590.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 136			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Cardoso, Cristina, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2022		
Mailing Address 10400 NW 30th Court #402			FEC Identification Number <b>C</b>		
City Sunrise	State FL	Zip Code 33322	Amount of Each Disbursement this Period 255.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : <b>SB17.8507</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Catrese Special Services</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2022		
Mailing Address PO Box 681545 #110			FEC Identification Number <b>C</b>		
City Miami	State FL	Zip Code 33168	Amount of Each Disbursement this Period 145.00		
Purpose of Disbursement Cleaning Service		Category/ Type	Transaction ID : <b>SB17.8318</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Catrese Special Services</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2022		
Mailing Address PO Box 681545 #110			FEC Identification Number <b>C</b>		
City Miami	State FL	Zip Code 33168	Amount of Each Disbursement this Period 145.00		
Purpose of Disbursement Cleaning Service		Category/ Type	Transaction ID : <b>SB17.8516</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	545.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 136			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

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

Full Name (Last, First, Middle Initial) <b>A. Charles, LeChante, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2022		
Mailing Address 18553 Tulip Rd			FEC Identification Number C		
City Fort Myers	State FL	Zip Code 33967	Amount of Each Disbursement this Period 990.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8329		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Charles, LeChante, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2022		
Mailing Address 18553 Tulip Rd			FEC Identification Number C		
City Fort Myers	State FL	Zip Code 33967	Amount of Each Disbursement this Period 890.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8384		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Charles, LeChante, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2022		
Mailing Address 18553 Tulip Rd			FEC Identification Number C		
City Fort Myers	State FL	Zip Code 33967	Amount of Each Disbursement this Period 250.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8498		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2130.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. CHERFILUS-MCCORMICK, SHEILA, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2021
Mailing Address 18612 SW 41ST STREET		FEC Identification Number <b>C</b> H8FL20032
City MIRAMAR	State FL	Zip Code 33029
Purpose of Disbursement In-kind - Facebook Ads		Amount of Each Disbursement this Period 900.00
Candidate Name		Transaction ID : <b>SB17.8244</b>
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2022	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	
State: FL District: 20		

Full Name (Last, First, Middle Initial) <b>B. CHERFILUS-MCCORMICK, SHEILA, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2021
Mailing Address 18612 SW 41ST STREET		FEC Identification Number <b>C</b> H8FL20032
City MIRAMAR	State FL	Zip Code 33029
Purpose of Disbursement In-kind - Facebook Ads		Amount of Each Disbursement this Period 996.03
Candidate Name		Transaction ID : <b>SB17.8250</b>
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2022	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	
State: FL District: 20		

Full Name (Last, First, Middle Initial) <b>C. CHERFILUS-MCCORMICK, SHEILA, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2021
Mailing Address 18612 SW 41ST STREET		FEC Identification Number <b>C</b> H8FL20032
City MIRAMAR	State FL	Zip Code 33029
Purpose of Disbursement In-kind - Facebook Ads		Amount of Each Disbursement this Period 900.00
Candidate Name		Transaction ID : <b>SB17.8249</b>
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2022	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	
State: FL District: 20		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2796.03
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 136			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. CHERFILUS-MCCORMICK, SHEILA, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2022		
Mailing Address 18612 SW 41ST STREET			FEC Identification Number <b>C</b> H8FL20032		
City MIRAMAR	State FL	Zip Code 33029	Amount of Each Disbursement this Period 600.95		
Purpose of Disbursement In-kind - Facebook Ads		Category/ Type	Transaction ID : <b>SB17.8248</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General				
State: FL District: 20					

Full Name (Last, First, Middle Initial) <b>B. Claude, Cheyenne, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2021		
Mailing Address 6027 SW 36th Ct #B			FEC Identification Number <b>C</b>		
City Miramar	State FL	Zip Code 33023	Amount of Each Disbursement this Period 1035.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : <b>SB17.8282</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Claude, Cheyenne, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2022		
Mailing Address 6027 SW 36th Ct #B			FEC Identification Number <b>C</b>		
City Miramar	State FL	Zip Code 33023	Amount of Each Disbursement this Period 945.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : <b>SB17.8426</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2580.95
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 136			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

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

Full Name (Last, First, Middle Initial) <b>A. Claude, Cheyenne, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2022		
Mailing Address 6027 SW 36th Ct #B			FEC Identification Number <b>C</b>		
City Miramar	State FL	Zip Code 33023	Amount of Each Disbursement this Period 330.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : <b>SB17.8527</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Court Yard Office Plaza</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2022		
Mailing Address 4577 N. Nob Hill Rd			FEC Identification Number <b>C</b>		
City Sunrise	State FL	Zip Code 33351	Amount of Each Disbursement this Period 4780.83		
Purpose of Disbursement Rent		Category/ Type	Transaction ID : <b>SB17.8295</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Davis, Gregory, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2022		
Mailing Address 817 W Ave A#4			FEC Identification Number <b>C</b>		
City Belle Glade	State FL	Zip Code 33413	Amount of Each Disbursement this Period 810.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : <b>SB17.8354</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5920.83
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 136			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Davis, Gregory, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2022		
Mailing Address 817 W Ave A#4			FEC Identification Number C		
City Belle Glade	State FL	Zip Code 33413	Amount of Each Disbursement this Period 605.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8428		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Davis, Kimble, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2022		
Mailing Address 330 W 16th Way			FEC Identification Number C		
City Riviera Beach	State FL	Zip Code 33404	Amount of Each Disbursement this Period 810.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8379		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Davis, Kimble, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2022		
Mailing Address 330 W 16th Way			FEC Identification Number C		
City Riviera Beach	State FL	Zip Code 33404	Amount of Each Disbursement this Period 605.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8437		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2020.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Desir, Michaelle, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2022	
Mailing Address 2255 Turtle Club Dr NE			FEC Identification Number C	
City Marietta	State GA	Zip Code 30066	Amount of Each Disbursement this Period 580.00	
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8413	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Dieuvevil, Charles, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2022	
Mailing Address 5973 NW 16th Street			FEC Identification Number C	
City Sunrise	State FL	Zip Code 33313	Amount of Each Disbursement this Period 940.00	
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8467	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Doganieri, Kameron, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2022	
Mailing Address 7050 SW 59th St			FEC Identification Number C	
City Southwest Ranches	State FL	Zip Code 33331	Amount of Each Disbursement this Period 365.50	
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8359	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1885.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 136			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Doganieri, Kameron, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2022		
Mailing Address 7050 SW 59th St			FEC Identification Number C		
City Southwest Ranches	State FL	Zip Code 33331	Amount of Each Disbursement this Period 170.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8530		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. DOORDASH</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2021		
Mailing Address 901 Market Street #6			FEC Identification Number C		
City San Francisco	State CA	Zip Code 94103	Amount of Each Disbursement this Period 112.14		
Purpose of Disbursement Food for Staff		Category/ Type	Transaction ID : SB17.8278		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. DOORDASH</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2022		
Mailing Address 901 Market Street #6			FEC Identification Number C		
City San Francisco	State CA	Zip Code 94103	Amount of Each Disbursement this Period 9.99		
Purpose of Disbursement Food for Staff		Category/ Type	Transaction ID : SB17.8286		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	292.13
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. DOORDASH</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2022	
Mailing Address 901 Market Street #6			FEC Identification Number C	
City San Francisco	State CA	Zip Code 94103	Amount of Each Disbursement this Period 55.63	
Purpose of Disbursement Food for Staff		Category/Type	Transaction ID : SB17.8306	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. DOORDASH</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2022	
Mailing Address 901 Market Street #6			FEC Identification Number C	
City San Francisco	State CA	Zip Code 94103	Amount of Each Disbursement this Period 32.21	
Purpose of Disbursement Food for Staff		Category/Type	Transaction ID : SB17.8307	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. DOORDASH</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2022	
Mailing Address 901 Market Street #6			FEC Identification Number C	
City San Francisco	State CA	Zip Code 94103	Amount of Each Disbursement this Period 42.88	
Purpose of Disbursement Food for Staff		Category/Type	Transaction ID : SB17.8442	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	130.72
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. DOORDASH</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2022	
Mailing Address 901 Market Street #6			FEC Identification Number C	
City San Francisco	State CA	Zip Code 94103	Amount of Each Disbursement this Period 74.33	
Purpose of Disbursement Food for Staff		Category/ Type	Transaction ID : SB17.8482	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. DOORDASH</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2022	
Mailing Address 901 Market Street #6			FEC Identification Number C	
City San Francisco	State CA	Zip Code 94103	Amount of Each Disbursement this Period 64.15	
Purpose of Disbursement Food for Staff		Category/ Type	Transaction ID : SB17.8503	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Dray, Emily, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2022	
Mailing Address 310 NW 197th Ave			FEC Identification Number C	
City Pembroke Pines	State FL	Zip Code 33029	Amount of Each Disbursement this Period 465.00	
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8352	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	603.48
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 136			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Dray, Emily, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2022		
Mailing Address 310 NW 197th Ave			FEC Identification Number C		
City Pembroke Pines	State FL	Zip Code 33029	Amount of Each Disbursement this Period 1600.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8494		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Dufrenne, Henry Claude, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2022		
Mailing Address 3030 Thames Way			FEC Identification Number C		
City Miramar	State FL	Zip Code 33025	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8509		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Dumelle, Wilrene, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2022		
Mailing Address 325 NW 57th St #B			FEC Identification Number C		
City Fort Lauderdale	State FL	Zip Code 33309	Amount of Each Disbursement this Period 490.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8502		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3090.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Duncan, Carlene, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2022	
Mailing Address 1851 NW 15th St			FEC Identification Number <b>C</b>	
City Pompano Beach	State FL	Zip Code 33069	Amount of Each Disbursement this Period 1535.00	
Purpose of Disbursement Wages		Category/ Type	Transaction ID : <b>SB17.8398</b>	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Facebook</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2021	
Mailing Address 1 Hacker Way			FEC Identification Number <b>C</b>	
City Menlo Park	State CA	Zip Code 94025	Amount of Each Disbursement this Period 900.00	
Purpose of Disbursement Candidate In-Kind Memo Entry- Digital Ads		Category/ Type	Transaction ID : <b>SB17.8257</b>	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Facebook</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2021	
Mailing Address 1 Hacker Way			FEC Identification Number <b>C</b>	
City Menlo Park	State CA	Zip Code 94025	Amount of Each Disbursement this Period 996.03	
Purpose of Disbursement Candidate In-Kind Memo Entry- Digital Ads		Category/ Type	Transaction ID : <b>SB17.8267</b>	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1535.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Facebook</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2021	
Mailing Address 1 Hacker Way			FEC Identification Number C	
City Menlo Park	State CA	Zip Code 94025	Amount of Each Disbursement this Period 900.00	
Purpose of Disbursement Candidate In-Kind Memo Entry- Digital Ads		Category/ Type	Transaction ID : SB17.8277	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Facebook</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2022	
Mailing Address 1 Hacker Way			FEC Identification Number C	
City Menlo Park	State CA	Zip Code 94025	Amount of Each Disbursement this Period 600.95	
Purpose of Disbursement Candidate In-Kind Memo Entry- Digital Ads		Category/ Type	Transaction ID : SB17.8302	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Feldman, Samantha, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2022	
Mailing Address 17809 NW 16th St			FEC Identification Number C	
City Pembroke Pines	State FL	Zip Code 33029	Amount of Each Disbursement this Period 374.00	
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8387	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	374.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Feldman, Samantha, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2022
Mailing Address 17809 NW 16th St		FEC Identification Number C
City Pembroke Pines	State FL	Zip Code 33029
Purpose of Disbursement Wages	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 255.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General	Transaction ID : SB17.8499 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Film, Kronos, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2022
Mailing Address 12600 SW 5th Ct #415		FEC Identification Number C
City Pembroke Pines	State FL	Zip Code 33027
Purpose of Disbursement Video Production	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 800.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID : SB17.8381 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Films-Aime, Mexca, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2022
Mailing Address 37 NE 53rd St		FEC Identification Number C
City Miami	State FL	Zip Code 33137
Purpose of Disbursement Wages	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 670.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID : SB17.8477 <input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1725.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Films-Aime, Mexca, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2022
Mailing Address 37 NE 53rd St		FEC Identification Number C
City Miami	State FL	Zip Code 33137
Purpose of Disbursement Wages		Amount of Each Disbursement this Period 400.00
Candidate Name		Transaction ID : SB17.8478
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Films-Aime, Mexca, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2022
Mailing Address 37 NE 53rd St		FEC Identification Number C
City Miami	State FL	Zip Code 33137
Purpose of Disbursement Wages		Amount of Each Disbursement this Period 305.00
Candidate Name		Transaction ID : SB17.8531
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Fils-Aime, Mexca, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2022
Mailing Address 37 NE 53rd St		FEC Identification Number C
City Miami	State FL	Zip Code 33137
Purpose of Disbursement Wages		Amount of Each Disbursement this Period 670.00
Candidate Name		Transaction ID : SB17.8430
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Forestal, Edith, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2022
Mailing Address 5170 NW 73rd Way		FEC Identification Number C
City Lauderhill	State FL	Zip Code 33319
Purpose of Disbursement Wages	Candidate Name	Amount of Each Disbursement this Period 1690.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other	Transaction ID : SB17.8472
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Forestal, Edith, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2022
Mailing Address 5170 NW 73rd Way		FEC Identification Number C
City Lauderhill	State FL	Zip Code 33319
Purpose of Disbursement Wages	Candidate Name	Amount of Each Disbursement this Period 105.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other	Transaction ID : SB17.8529
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Future Adventures</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2022
Mailing Address 13020 SW 30th Ct		FEC Identification Number C
City Davie	State FL	Zip Code 33330
Purpose of Disbursement Compliance Consulting	Candidate Name	Amount of Each Disbursement this Period 875.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other	Transaction ID : SB17.8324
State: District:		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2670.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 136			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Future Adventures</b>		Date of Disbursement
Mailing Address 13020 SW 30th Ct		M M / D D / Y Y Y Y 01 / 07 / 2022
City Davie	State FL	Zip Code 33330
Purpose of Disbursement Compliance Consulting	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022	875.00
State: District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	<b>Transaction ID : SB17.8325</b>
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Future Adventures</b>		Date of Disbursement
Mailing Address 13020 SW 30th Ct		M M / D D / Y Y Y Y 01 / 26 / 2022
City Davie	State FL	Zip Code 33330
Purpose of Disbursement Wages	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022	875.00
State: District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	<b>Transaction ID : SB17.8504</b>
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Future Adventures</b>		Date of Disbursement
Mailing Address 13020 SW 30th Ct		M M / D D / Y Y Y Y 01 / 26 / 2022
City Davie	State FL	Zip Code 33330
Purpose of Disbursement Wages	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022	875.00
State: District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	<b>Transaction ID : SB17.8505</b>
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2625.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 136			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. G4 Consulting</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2022		
Mailing Address 19485 SW 67th Street			FEC Identification Number C		
City Pembroke Pines	State FL	Zip Code 33332	Amount of Each Disbursement this Period 700.00		
Purpose of Disbursement Consulting		Category/ Type	Transaction ID : SB17.8332		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. G4 Consulting</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2022		
Mailing Address 19485 SW 67th Street			FEC Identification Number C		
City Pembroke Pines	State FL	Zip Code 33332	Amount of Each Disbursement this Period 700.00		
Purpose of Disbursement GOTV Consulting		Category/ Type	Transaction ID : SB17.8390		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. G4 Consulting</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2022		
Mailing Address 19485 SW 67th Street			FEC Identification Number C		
City Pembroke Pines	State FL	Zip Code 33332	Amount of Each Disbursement this Period 1400.00		
Purpose of Disbursement GOTV Consulting		Category/ Type	Transaction ID : SB17.8524		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Galloway, Clint, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2022	
Mailing Address 2831 Avenue S			FEC Identification Number C	
City Riviera Beach	State FL	Zip Code 33404	Amount of Each Disbursement this Period 860.00	
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8299	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Galloway, Clint, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2022	
Mailing Address 2831 Avenue S			FEC Identification Number C	
City Riviera Beach	State FL	Zip Code 33404	Amount of Each Disbursement this Period 960.00	
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8435	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Gaspard, Bianca, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2022	
Mailing Address 2911 NW 56th Ave #C1			FEC Identification Number C	
City Lauderhill	State FL	Zip Code 33313	Amount of Each Disbursement this Period 340.00	
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8372	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2160.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Gaspard, Bianca, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2022
Mailing Address 2911 NW 56th Ave #C1		FEC Identification Number C
City Lauderhill	State FL	Zip Code 33313
Purpose of Disbursement Wages	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 250.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other	Transaction ID : SB17.8465
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Gaspard, Bianca, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2022
Mailing Address 2911 NW 56th Ave #C1		FEC Identification Number C
City Lauderhill	State FL	Zip Code 33313
Purpose of Disbursement Wages	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 255.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other	Transaction ID : SB17.8493
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>c. Grant, Zanolee, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2021
Mailing Address 407 W Woodscape Drive		FEC Identification Number C C00677492
City Miramar	State FL	Zip Code 33023
Purpose of Disbursement Campaign Consulting	Category/Type	
Candidate Name SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC	Amount of Each Disbursement this Period 2500.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	Transaction ID : SB17.8284
State: FL District: 20	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3005.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Grant, Zanolee, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2022
Mailing Address 407 W Woodscape Drive		FEC Identification Number C C00677492
City Miramar	State FL	Zip Code 33023
Purpose of Disbursement Campaign Consulting		Amount of Each Disbursement this Period 2500.00
Candidate Name SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC		Transaction ID : SB17.8433
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2022	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input checked="" type="checkbox"/> Other (specify) ▼ Special-General	
State: FL	District: 20	

Full Name (Last, First, Middle Initial) <b>B. Grant, Zanolee, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2022
Mailing Address 407 W Woodscape Drive		FEC Identification Number C C00677492
City Miramar	State FL	Zip Code 33023
Purpose of Disbursement Campaign Consulting		Amount of Each Disbursement this Period 2500.00
Candidate Name SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC		Transaction ID : SB17.8535
Office Sought: <input checked="" type="checkbox"/> House	Disbursement For: 2022	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input checked="" type="checkbox"/> Other (specify) ▼ Special-General	
State: FL	District: 20	

Full Name (Last, First, Middle Initial) <b>c. Hartman, Manny, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2022
Mailing Address 3131 SW 16th Ave		FEC Identification Number C
City Miami	State FL	Zip Code 33145
Purpose of Disbursement Wages		Amount of Each Disbursement this Period 1000.00
Candidate Name		Transaction ID : SB17.8313
Office Sought: <input type="checkbox"/> House	Disbursement For: 2022	<input type="checkbox"/> Memo Item
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> President	<input checked="" type="checkbox"/> Other (specify) ▼ Other	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Hartman, Manny, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2022
Mailing Address 3131 SW 16th Ave		FEC Identification Number C
City Miami	State FL	Zip Code 33145
Purpose of Disbursement Wages	Candidate Name	Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other	Transaction ID : SB17.8411 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hartman, Manny, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2022
Mailing Address 3131 SW 16th Ave		FEC Identification Number C
City Miami	State FL	Zip Code 33145
Purpose of Disbursement Wages	Candidate Name	Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other	Transaction ID : SB17.8475 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hartman, Manny, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2022
Mailing Address 3131 SW 16th Ave		FEC Identification Number C
City Miami	State FL	Zip Code 33145
Purpose of Disbursement Wages	Candidate Name	Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other	Transaction ID : SB17.8513 <input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 136			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

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

Full Name (Last, First, Middle Initial) <b>A. Hilton Washington DC</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2022		
Mailing Address 525 New Jersey Ave NW			FEC Identification Number C		
City Washington	State DC	Zip Code 20001	Amount of Each Disbursement this Period 197.14		
Purpose of Disbursement Hotel		Category/ Type	Transaction ID : SB17.8447		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. HKS Consulting</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2022		
Mailing Address 8170 SW 24th Place			FEC Identification Number C		
City Miramar	State FL	Zip Code 33025	Amount of Each Disbursement this Period 13000.00		
Purpose of Disbursement Signs		Category/ Type	Transaction ID : SB17.8334		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Howard, Willis, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2022		
Mailing Address 15700 NW 37th Ct.			FEC Identification Number C C00677492		
City Miami Gardens	State FL	Zip Code 33054	Amount of Each Disbursement this Period 5000.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8456		
Candidate Name SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC		<input type="checkbox"/> Memo Item			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General				
State: FL District: 20					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	18197.14
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Jackson, Nytime, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2022
Mailing Address 17225 NW 11th Ave		FEC Identification Number C
City Miami Gardens	State FL	Zip Code 33169
Purpose of Disbursement Wages	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 320.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other	Transaction ID : SB17.8439 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jerusalem Community Church</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2022
Mailing Address 6390 SW 32nd St		FEC Identification Number C
City Miramar	State FL	Zip Code 33023
Purpose of Disbursement Donation	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other	Transaction ID : SB17.8297 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. JETBLUE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2022
Mailing Address 2701 Queen Plaza North		FEC Identification Number C
City Queens	State NY	Zip Code 11101
Purpose of Disbursement Airfare	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 303.33	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other	Transaction ID : SB17.8367 <input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1623.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 136			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. JETBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2022		
Mailing Address 2701 Queen Plaza North			FEC Identification Number C		
City Queens	State NY	Zip Code 11101	Amount of Each Disbursement this Period 129.60		
Purpose of Disbursement Airfare		Category/ Type	Transaction ID : SB17.8368		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. JETBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2022		
Mailing Address 2701 Queen Plaza North			FEC Identification Number C		
City Queens	State NY	Zip Code 11101	Amount of Each Disbursement this Period 606.66		
Purpose of Disbursement Airfare		Category/ Type	Transaction ID : SB17.8391		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. JETBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2022		
Mailing Address 2701 Queen Plaza North			FEC Identification Number C		
City Queens	State NY	Zip Code 11101	Amount of Each Disbursement this Period 389.33		
Purpose of Disbursement Airfare		Category/ Type	Transaction ID : SB17.8392		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1125.59
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 136			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. JETBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2022		
Mailing Address 2701 Queen Plaza North			FEC Identification Number C		
City Queens	State NY	Zip Code 11101	Amount of Each Disbursement this Period 303.33		
Purpose of Disbursement Airfare		Category/ Type	Transaction ID : SB17.8393		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. JETBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2022		
Mailing Address 2701 Queen Plaza North			FEC Identification Number C		
City Queens	State NY	Zip Code 11101	Amount of Each Disbursement this Period 389.33		
Purpose of Disbursement Airfare		Category/ Type	Transaction ID : SB17.8424		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. JETBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2022		
Mailing Address 2701 Queen Plaza North			FEC Identification Number C		
City Queens	State NY	Zip Code 11101	Amount of Each Disbursement this Period 551.46		
Purpose of Disbursement Airfare		Category/ Type	Transaction ID : SB17.8434		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1244.12
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 136			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. JETBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2022		
Mailing Address 2701 Queen Plaza North			FEC Identification Number C		
City Queens	State NY	Zip Code 11101	Amount of Each Disbursement this Period 285.73		
Purpose of Disbursement Airfare		Category/Type	Transaction ID : SB17.8448		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. JETBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2022		
Mailing Address 2701 Queen Plaza North			FEC Identification Number C		
City Queens	State NY	Zip Code 11101	Amount of Each Disbursement this Period 459.20		
Purpose of Disbursement Airfare		Category/Type	Transaction ID : SB17.8483		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. JETBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2022		
Mailing Address 2701 Queen Plaza North			FEC Identification Number C		
City Queens	State NY	Zip Code 11101	Amount of Each Disbursement this Period 150.00		
Purpose of Disbursement Airfare		Category/Type	Transaction ID : SB17.8487		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	894.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 136			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Jones, Lee Otis, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2022		
Mailing Address 1668 NW 17th Ave #7					
City Pompano Beach	State FL	Zip Code 33069	FEC Identification Number C		
Purpose of Disbursement Wages			Amount of Each Disbursement this Period 605.00		
Candidate Name			Transaction ID : SB17.8485		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General		<input type="checkbox"/> Memo Item		
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Jules, Guerda, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2022		
Mailing Address 7331 Plantation Blvd					
City Miramar	State FL	Zip Code 33023	FEC Identification Number C		
Purpose of Disbursement Wages			Amount of Each Disbursement this Period 1005.00		
Candidate Name			Transaction ID : SB17.8292		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General		<input type="checkbox"/> Memo Item		
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Jules, Guerda, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2022		
Mailing Address 7331 Plantation Blvd					
City Miramar	State FL	Zip Code 33023	FEC Identification Number C		
Purpose of Disbursement Wages			Amount of Each Disbursement this Period 1123.00		
Candidate Name			Transaction ID : SB17.8429		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General		<input type="checkbox"/> Memo Item		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2733.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 136			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. King, Raquel, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2021		
Mailing Address 5833 Gypsum Place			FEC Identification Number C		
City West Palm Beach	State FL	Zip Code 33413	Amount of Each Disbursement this Period 180.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8259		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Krono Films</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2022		
Mailing Address 12600 SW 5th Ct #415			FEC Identification Number C		
City Pembroke Pines	State FL	Zip Code 33027	Amount of Each Disbursement this Period 800.00		
Purpose of Disbursement Video Production		Category/ Type	Transaction ID : SB17.8459		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Krono Films</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2022		
Mailing Address 12600 SW 5th Ct #415			FEC Identification Number C		
City Pembroke Pines	State FL	Zip Code 33027	Amount of Each Disbursement this Period 800.00		
Purpose of Disbursement Video Production		Category/ Type	Transaction ID : SB17.8490		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1780.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 136			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Kronos Film</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2022		
Mailing Address 12600 SW 5th Ct #415			FEC Identification Number C		
City Pembroke Pines	State FL	Zip Code 33027	Amount of Each Disbursement this Period 1600.00		
Purpose of Disbursement Video Production		Category/ Type	Transaction ID : SB17.8309		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Kronos Films</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2022		
Mailing Address 12600 SW 5th Court #415			FEC Identification Number C C00677492		
City Pembroke Pines	State FL	Zip Code 33351	Amount of Each Disbursement this Period 800.00		
Purpose of Disbursement Video Production		Category/ Type	Transaction ID : SB17.8525		
Candidate Name SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General				
State: FL District: 20					

Full Name (Last, First, Middle Initial) <b>c. Leblanc, Johanna, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2022		
Mailing Address 6020 NW 44th St. #202			FEC Identification Number C		
City Lauderhill	State FL	Zip Code 33319	Amount of Each Disbursement this Period 783.75		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8327		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3183.75
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Luster, Deshonae, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2021
Mailing Address 2805 S Oakland Forest Dr #301		FEC Identification Number C
City Oakland	State FL	Zip Code 33223
Purpose of Disbursement Wages		Amount of Each Disbursement this Period 1172.70
Candidate Name		Transaction ID : SB17.8268
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Luster, Deshonae, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2021
Mailing Address 2805 S Oakland Forest Dr #301		FEC Identification Number C
City Oakland	State FL	Zip Code 33223
Purpose of Disbursement Wages		Amount of Each Disbursement this Period 1000.00
Candidate Name		Transaction ID : SB17.8269
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Luster, Deshonae, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2022
Mailing Address 2805 S Oakland Forest Dr #301		FEC Identification Number C
City Oakland	State FL	Zip Code 33223
Purpose of Disbursement Wages		Amount of Each Disbursement this Period 1345.00
Candidate Name		Transaction ID : SB17.8322
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3517.70
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 136			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

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

Full Name (Last, First, Middle Initial) <b>A. Luster, Deshonae, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2022		
Mailing Address 2805 S Oakland Forest Dr #301			FEC Identification Number C		
City Oakland	State FL	Zip Code 33223	Amount of Each Disbursement this Period 2000.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8349		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Luster, Deshonae, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2022		
Mailing Address 2805 S Oakland Forest Dr #301			FEC Identification Number C		
City Oakland	State FL	Zip Code 33223	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8469		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. McCormick, Twana, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2022		
Mailing Address 4593 SW 132nd Ave			FEC Identification Number C C00677492		
City Miramar	State FL	Zip Code 33027	Amount of Each Disbursement this Period 800.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8314		
Candidate Name SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC		<input type="checkbox"/> Memo Item			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General				
State: FL District: 20					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 64 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. McCormick, Twana, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2022
Mailing Address 4593 SW 132nd Ave		FEC Identification Number <b>C</b> C00677492
City Miramar	State FL	Zip Code 33027
Purpose of Disbursement Wages		Amount of Each Disbursement this Period 950.00
Candidate Name SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC	Category/ Type	Transaction ID : <b>SB17.8389</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	<input type="checkbox"/> Memo Item
State: FL District: 20		

Full Name (Last, First, Middle Initial) <b>B. McCormick, Twana, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2022
Mailing Address 4593 SW 132nd Ave		FEC Identification Number <b>C</b> C00677492
City Miramar	State FL	Zip Code 33027
Purpose of Disbursement Wages		Amount of Each Disbursement this Period 5300.00
Candidate Name SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC	Category/ Type	Transaction ID : <b>SB17.8488</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	<input type="checkbox"/> Memo Item
State: FL District: 20		

Full Name (Last, First, Middle Initial) <b>C. McCormick, Twana, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2022
Mailing Address 4593 SW 132nd Ave		FEC Identification Number <b>C</b> C00677492
City Miramar	State FL	Zip Code 33027
Purpose of Disbursement Wages		Amount of Each Disbursement this Period 3000.00
Candidate Name SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC	Category/ Type	Transaction ID : <b>SB17.8500</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	<input type="checkbox"/> Memo Item
State: FL District: 20		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. McPhee, Alferda, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2022
Mailing Address 4017 NW 17th St		FEC Identification Number C
City Belle Glade	State FL	Zip Code 33430
Purpose of Disbursement Wages	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 605.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Transaction ID : SB17.8396
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. McPhee, Alfreda, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2022
Mailing Address 4017 NW 17th St		FEC Identification Number C
City Belle Glade	State FL	Zip Code 33430
Purpose of Disbursement Wages	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 810.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Transaction ID : SB17.8340
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>c. Melrose Marketing</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2022
Mailing Address 1600 WEST COLONIAL DRIVE		FEC Identification Number C
City ORLANDO	State FL	Zip Code 32804
Purpose of Disbursement Graphic design	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 700.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Transaction ID : SB17.8287
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2115.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Melrose Marketing</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2022
Mailing Address 1600 WEST COLONIAL DRIVE		FEC Identification Number C
City ORLANDO	State FL	Zip Code 32804
Purpose of Disbursement Graphic design		Amount of Each Disbursement this Period 360.00
Candidate Name		Transaction ID : SB17.8319
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Milton, Janathan, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2022
Mailing Address 2025 Miami Rd		FEC Identification Number C
City Fort Lauderdale	State FL	Zip Code 33316
Purpose of Disbursement Wages		Amount of Each Disbursement this Period 605.00
Candidate Name		Transaction ID : SB17.8404
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Milton, Johnathon, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2022
Mailing Address 2025 Miami Rd		FEC Identification Number C
City Fort Lauderdale	State FL	Zip Code 33316
Purpose of Disbursement Wages		Amount of Each Disbursement this Period 810.00
Candidate Name		Transaction ID : SB17.8358
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1775.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 67 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Mobile Bill Board</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2022
Mailing Address 19820 NE 10th Ct		FEC Identification Number C
City Miami	State FL	Zip Code 33179
Purpose of Disbursement Advertising - Billboard		Amount of Each Disbursement this Period 1000.00
Candidate Name		Transaction ID : SB17.8450
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Moise, Wessa, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2022
Mailing Address 3630 NW 85th Way #101		FEC Identification Number C
City Sunrise	State FL	Zip Code 33351
Purpose of Disbursement Wages		Amount of Each Disbursement this Period 540.00
Candidate Name		Transaction ID : SB17.8365
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NICOLE WHITE LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2021
Mailing Address 20005 NE 3rd Ct #5		FEC Identification Number C
City Miami	State FL	Zip Code 33179
Purpose of Disbursement Video Production		Amount of Each Disbursement this Period 5150.00
Candidate Name		Transaction ID : SB17.8280
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6690.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 136			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. NICOLE WHITE LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2022		
Mailing Address 20005 NE 3rd Ct #5			FEC Identification Number C		
City Miami	State FL	Zip Code 33179	Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Video Production		Category/ Type	Transaction ID : SB17.8288		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Perkins, Connie, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2022		
Mailing Address 12250 NW 36th Place			FEC Identification Number C		
City Sunrise	State FL	Zip Code 33331	Amount of Each Disbursement this Period 885.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8400		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Perkins, Connie, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2022		
Mailing Address 12250 NW 36th Place			FEC Identification Number C		
City Sunrise	State FL	Zip Code 33331	Amount of Each Disbursement this Period 200.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8401		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1585.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 69 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Radford, Tourus, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2022
Mailing Address 1161 W 4th St		FEC Identification Number C
City West Palm Bch	State FL	Zip Code 33404
Purpose of Disbursement Wages	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 810.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID : SB17.8361
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Radford, Tourus, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2022
Mailing Address 1161 W 4th St		FEC Identification Number C
City West Palm Bch	State FL	Zip Code 33404
Purpose of Disbursement Wages	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 605.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID : SB17.8421
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Reese, Robert, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2022
Mailing Address 4143 NW 19th St		FEC Identification Number C
City Lauderhill	State FL	Zip Code 33313
Purpose of Disbursement Wages	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 810.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID : SB17.8415
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Reese, Robert, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2022
Mailing Address 4143 NW 19th St		FEC Identification Number C
City Lauderhill	State FL	Zip Code 33313
Purpose of Disbursement Wages	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 705.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID : SB17.8416
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Robert Ricks Catering</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2021
Mailing Address 8990 W State Rd 84,		FEC Identification Number C
City Davie	State FL	Zip Code 33324
Purpose of Disbursement Food for Event	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID : SB17.8264
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Robertson, Jerry, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2022
Mailing Address 825 29th Street		FEC Identification Number C
City West Palm Beach	State FL	Zip Code 33407
Purpose of Disbursement Wages	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 860.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID : SB17.8301
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2565.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 71 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Robertson, Jerry, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2022	
Mailing Address 825 29th Street			FEC Identification Number C	
City West Palm Beach	State FL	Zip Code 33407	Amount of Each Disbursement this Period 1025.00	
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8436	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Robertson, Jerry, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2022	
Mailing Address 825 29th Street			FEC Identification Number C	
City West Palm Beach	State FL	Zip Code 33407	Amount of Each Disbursement this Period 100.00	
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8523	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Rodriguez, Marilyn, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2022	
Mailing Address 9326 NW 9th Ave			FEC Identification Number C	
City Plantation	State FL	Zip Code 33324	Amount of Each Disbursement this Period 340.00	
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8438	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1465.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 136			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

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

Full Name (Last, First, Middle Initial) <b>A. Romeu, Jeffrey, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2022		
Mailing Address 9055 SW 73rd Court			FEC Identification Number C		
City Miami	State FL	Zip Code 33156	Amount of Each Disbursement this Period 3500.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8285		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Romeu, Jeffrey, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2022		
Mailing Address 9055 SW 73rd Court			FEC Identification Number C		
City Miami	State FL	Zip Code 33156	Amount of Each Disbursement this Period 800.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8311		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Romeu, Jeffrey, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2022		
Mailing Address 9055 SW 73rd Court			FEC Identification Number C		
City Miami	State FL	Zip Code 33156	Amount of Each Disbursement this Period 800.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8377		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 73 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Romeu, Jeffrey, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2022	
Mailing Address 9055 SW 73rd Court			FEC Identification Number C	
City Miami	State FL	Zip Code 33156	Amount of Each Disbursement this Period 800.00	
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8473	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Romeu, Jeffrey, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2022	
Mailing Address 9055 SW 73rd Court			FEC Identification Number C	
City Miami	State FL	Zip Code 33156	Amount of Each Disbursement this Period 800.00	
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8522	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Shields, Denise, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2022	
Mailing Address 1232 Golfside Drive			FEC Identification Number C	
City Winter Park	State FL	Zip Code 32792	Amount of Each Disbursement this Period 600.00	
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8346	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 136			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Shields, Denise, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2022
Mailing Address 1232 Golfside Drive		FEC Identification Number C
City Winter Park	State FL	Zip Code 32792
Purpose of Disbursement Wages	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 410.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other	Transaction ID : SB17.8528 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sinclair Broadcast</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2021
Mailing Address 10706 Beaver Dam Rd		FEC Identification Number C
City Cockeysville	State MD	Zip Code 21030
Purpose of Disbursement Digital Ads	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 6600.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other	Transaction ID : SB17.8256 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Sistrunk, Smitty's, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2022
Mailing Address 1134 NW 6th St		FEC Identification Number C
City Fort Lauderdale	State FL	Zip Code 33311
Purpose of Disbursement Food Event	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 3248.15	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other	Transaction ID : SB17.8420 <input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	▶	10258.15
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 75 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Sky Administration</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2022
Mailing Address 401 N Rosemary Ave		FEC Identification Number C
City West Palm Beach	State FL	Zip Code 33401
Purpose of Disbursement Rent	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 2150.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other	Transaction ID : SB17.8321
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Smith, Weston, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2022
Mailing Address 6360 SW 41st Place		FEC Identification Number C C00677492
City Davie	State FL	Zip Code 33314
Purpose of Disbursement Wages	Category/ Type	
Candidate Name SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC	Amount of Each Disbursement this Period 1000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General	Transaction ID : SB17.8534
State: FL District: 20	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2022
Mailing Address 2702 Love Field Drive		FEC Identification Number C
City Dallas	State TX	Zip Code 75235
Purpose of Disbursement Travel	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 239.98	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other	Transaction ID : SB17.8452
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3389.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 76 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Southwest Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2022	
Mailing Address 2702 Love Field Drive			FEC Identification Number C	
City Dallas	State TX	Zip Code 75235	Amount of Each Disbursement this Period 239.98	
Purpose of Disbursement Travel		Category/ Type	Transaction ID : SB17.8453	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Southwest Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2022	
Mailing Address 2702 Love Field Drive			FEC Identification Number C	
City Dallas	State TX	Zip Code 75235	Amount of Each Disbursement this Period 239.98	
Purpose of Disbursement Travel		Category/ Type	Transaction ID : SB17.8491	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Spinnoble, Susan, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2022	
Mailing Address 8610 S. Southgate Shores Circle			FEC Identification Number C C00677492	
City Tamarac	State FL	Zip Code 33321	Amount of Each Disbursement this Period 300.00	
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8388	
Candidate Name SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General			
State: FL District: 20				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	779.96
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 136			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. SQUARESPACE INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2022	
Mailing Address Eight Clarkson St 12th Floor			FEC Identification Number C	
City New York	State NY	Zip Code 10014	Amount of Each Disbursement this Period 75.00	
Purpose of Disbursement Advertising		Candidate Name	Transaction ID : SB17.8310	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Memo Item <input type="checkbox"/>
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. SQUARESPACE INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2022	
Mailing Address Eight Clarkson St 12th Floor			FEC Identification Number C	
City New York	State NY	Zip Code 10014	Amount of Each Disbursement this Period 75.00	
Purpose of Disbursement Advertising		Candidate Name	Transaction ID : SB17.8336	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Memo Item <input type="checkbox"/>
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. SQUARESPACE INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2022	
Mailing Address Eight Clarkson St 12th Floor			FEC Identification Number C	
City New York	State NY	Zip Code 10014	Amount of Each Disbursement this Period 5500.00	
Purpose of Disbursement Advertising		Candidate Name	Transaction ID : SB17.8462	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Memo Item <input type="checkbox"/>
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 78 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. SQUARESPACE INC.</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2022	
Mailing Address Eight Clarkson St 12th Floor			FEC Identification Number C	
City New York	State NY	Zip Code 10014	Amount of Each Disbursement this Period 150.00	
Purpose of Disbursement Advertising		Category/ Type	Transaction ID : SB17.8506	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Thomas, Sandra, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2022	
Mailing Address 2401 SW 9th Street			FEC Identification Number C	
City Fort Lauderdale	State FL	Zip Code 33312	Amount of Each Disbursement this Period 875.00	
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8418	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Thomas, Sandra, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2022	
Mailing Address 2401 SW 9th Street			FEC Identification Number C	
City Fort Lauderdale	State FL	Zip Code 33312	Amount of Each Disbursement this Period 810.00	
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8479	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1835.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 79 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Thompson, Calvin, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2022
Mailing Address 3004 NE 5th Ter Apt 201C		FEC Identification Number C
City Wilton Manors	State FL	Zip Code 33334
Purpose of Disbursement Wages	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 810.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID : SB17.8342 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Thompson, Calvin, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2022
Mailing Address 3004 NE 5th Ter Apt 201C		FEC Identification Number C
City Wilton Manors	State FL	Zip Code 33334
Purpose of Disbursement Wages	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 605.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID : SB17.8373 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Thompson, Corey, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2022
Mailing Address 2160 NW 4th St		FEC Identification Number C
City Pompano Beach	State FL	Zip Code 33319
Purpose of Disbursement Wages	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 540.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	Transaction ID : SB17.8375 <input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1955.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 136			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Tumbling, Dennis, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2022		
Mailing Address 400 N Flogner Ave #315			FEC Identification Number C		
City Pompano	State FL	Zip Code 33060	Amount of Each Disbursement this Period 810.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8348		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Tumbling, Dennis, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2022		
Mailing Address 400 N Flogner Ave #315			FEC Identification Number C		
City Pompano	State FL	Zip Code 33060	Amount of Each Disbursement this Period 805.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8402		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Tumbling, Dennis, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2022		
Mailing Address 400 N Flogner Ave #315			FEC Identification Number C		
City Pompano	State FL	Zip Code 33060	Amount of Each Disbursement this Period 865.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8427		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2480.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 81 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Turner, Donnalorell, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2022	
Mailing Address 1851 NW 15th St			FEC Identification Number C	
City Pompano	State FL	Zip Code 33060	Amount of Each Disbursement this Period 810.00	
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8351	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Turner, Donnalorell, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2022	
Mailing Address 1851 NW 15th St			FEC Identification Number C	
City Pompano	State FL	Zip Code 33060	Amount of Each Disbursement this Period 705.00	
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8470	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Val Demings for US Senate</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2022	
Mailing Address PO BOX 536926			FEC Identification Number C	
City Orlando	State FL	Zip Code 32853	Amount of Each Disbursement this Period 5800.00	
Purpose of Disbursement Donation		Category/ Type	Transaction ID : SB17.8370	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7315.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 82 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Vereen, Wayne, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2022
Mailing Address 2420 NW 7th St.		FEC Identification Number <b>C</b>
City Pompano Beach	State FL	
Purpose of Disbursement Wages		Amount of Each Disbursement this Period 810.00
Candidate Name		Transaction ID : <b>SB17.8363</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Vereen, Wayne, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2022
Mailing Address 2420 NW 7th St.		FEC Identification Number <b>C</b>
City Pompano Beach	State FL	
Purpose of Disbursement Wages		Amount of Each Disbursement this Period 1305.00
Candidate Name		Transaction ID : <b>SB17.8432</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. VIRAL BRANDING</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2021
Mailing Address 233 S Federal Highway, Suite 108		FEC Identification Number <b>C</b>
City Boca Raton	State FL	
Purpose of Disbursement Media Consulting		Amount of Each Disbursement this Period 2500.00
Candidate Name		Transaction ID : <b>SB17.8266</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Other	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4615.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 136			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. White, Kathrine, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2022		
Mailing Address 200 SW 6th Ave			FEC Identification Number C		
City North Lauderdale	State FL	Zip Code 33068	Amount of Each Disbursement this Period 1200.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8474		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. White, Kathrine, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2022		
Mailing Address 200 SW 6th Ave			FEC Identification Number C		
City North Lauderdale	State FL	Zip Code 33068	Amount of Each Disbursement this Period 450.00		
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8510		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. W HOTEL</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2022		
Mailing Address 2201 Collins Avenue			FEC Identification Number C		
City Miami Beach	State FL	Zip Code 33139	Amount of Each Disbursement this Period 5466.98		
Purpose of Disbursement Meeting		Category/ Type	Transaction ID : SB17.8338		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7116.98
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 85 OF 136	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Williams, Karen, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2022	
Mailing Address 150 NW 21st Street			FEC Identification Number C	
City Pompano Beach	State FL	Zip Code 33060	Amount of Each Disbursement this Period 210.00	
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8406	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Williams, Karen, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2022	
Mailing Address 150 NW 21st Street			FEC Identification Number C	
City Pompano Beach	State FL	Zip Code 33060	Amount of Each Disbursement this Period 135.00	
Purpose of Disbursement Wages		Category/ Type	Transaction ID : SB17.8407	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. WPEC CBS12</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2022	
Mailing Address PO BOX 206270			FEC Identification Number C	
City Dallas	State TX	Zip Code 75320	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement TV Buy		Category/ Type	Transaction ID : SB17.8371	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5345.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 136			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. YMCA SOUTH FLORIDA</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2021		
Mailing Address 900 SE 3rd Ave #300			FEC Identification Number C		
City Fort Lauderdale	State FL	Zip Code 33316	Amount of Each Disbursement this Period 440.00		
Purpose of Disbursement Donation		Category/ Type	Transaction ID : SB17.8274		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other				
State: District:					

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	440.00
<b>TOTAL</b> This Period (last page this line number only).....▶	211040.09

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.4114**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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<b>TERMS</b>	Date Incurred M 03 / D 15 / Y 2020	Date Due M M / D D / Y 9/1/2020	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	50000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.6487**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 05 / D 20 / Y 2021	M M / D D / Y 01/13/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	5000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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



**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.6488  
**SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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<b>TERMS</b>	Date Incurred M 05 / D 26 / Y 2021	Date Due M M / D D / Y 01/13/2023	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	5000.00
<b>TOTALS</b> This Period (last page in this line only) .....▶	[ ]

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.6489**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7.00	0.00	7.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 06 / D 01 / Y 2021	M M / D D / Y 01/13/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	7.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.6490**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 06 / D 01 / Y 2021	M M / D D / Y 01/13/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	100000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.6491**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200000.00	2019568.50	- 1819568.50

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 06 / D 14 / Y 2021	M M / D D / Y 01/13/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	- 1819568.50
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.6492**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000000.00	0.00	2000000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 06 / D 24 / Y 2021	M M / D D / Y 01/13/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	2000000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.7308**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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<b>TERMS</b>	Date Incurred M 07 / D 08 / Y 2021	Date Due M M / D D / Y 12/31/2025	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	5000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.7309**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 07 <sup>M</sup> / D 12 <sup>D</sup> / Y 2021 <sup>Y</sup>	M M / D D / Y 12/31/2025 <sup>Y</sup>	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	25000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	<input type="text"/>

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.7310**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 07 / D 14 / Y 2021	M M / D D / Y 12/31/2025	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	25000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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



**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.7311**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000.00	0.00	150000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 07 / D 21 / Y 2021	M M / D D / Y 12/31/2025	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
	Amount Guaranteed Outstanding:	

<b>SUBTOTALS</b> This Period This Page (optional).....▶	150000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.7312**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
45000.00	0.00	45000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 07 / D 29 / Y 2021	M M / D D / Y 12/31/2025	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	45000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.7313  
**SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CHERFILUS-MCCORMICK, SHEILA, , ,		Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET		
City MIRAMAR	State FL	ZIP Code 33029
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
60000.00	0.00	60000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 08 / D 02 / Y 2021	M M / D D / Y 12/31/2025	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	60000.00
<b>TOTALS</b> This Period (last page in this line only) .....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.7314**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
22368.38	0.00	22368.38

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 08 / D 05 / Y 2021	M M / D D / Y 12/31/2025	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	22368.38
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.7315**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 08 / D 09 / Y 2021	M M / D D / Y 12/31/2025	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	50000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.7316**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 08 / D 17 / Y 2021	M M / D D / Y 12/31/2025	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	10000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.7317  
**SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 20000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20000.00
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<b>TERMS</b>	Date Incurred M 08 / D 18 / Y 2021	Date Due M M / D D / Y 12/31/2025	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	20000.00
<b>TOTALS</b> This Period (last page in this line only) .....▶	[ ]

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.7318  
**SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 40000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 40000.00
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<b>TERMS</b>	Date Incurred M 08 / D 19 / Y 2021	Date Due M M / D D / Y 12/31/25	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	40000.00
<b>TOTALS</b> This Period (last page in this line only) .....▶	[ ]

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



**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.7319**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 52700.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 52700.00
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<b>TERMS</b>	Date Incurred M 08 / D 23 / Y 2021	Date Due M M / D D / Y 12/31/25	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	52700.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.7320**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 08 / D 25 / Y 2021	M M / D D / Y 12/31/25	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	20000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7321**  
**SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 23000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 23000.00
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<b>TERMS</b>	Date Incurred M 08 / D 31 / Y 2021 Y	Date Due M M / D D / Y 12/31/25 Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	23000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.7322**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 09 / D 01 / Y 2021	M M / D D / Y 12/31/25	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	50000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.7323**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75000.00	0.00	75000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 09 / D 03 / Y 2021	M M / D D / Y 12/31/25	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	75000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.7324**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 20000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20000.00
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<b>TERMS</b>	Date Incurred M 09 / D 03 / Y 2021	Date Due M M / D D / Y 12/31/25	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	20000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7325**  
**SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
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<b>TERMS</b>	Date Incurred M 09 / D 15 / Y 2021	Date Due M M / D D / Y 12/31/25	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	100000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7326**  
**SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 30000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 30000.00
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<b>TERMS</b>	Date Incurred M 09 / D 21 / Y 2021	Date Due M M / D D / Y 12/31/25	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	30000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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



**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.7327**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 30000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 30000.00
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<b>TERMS</b>	Date Incurred M 09 / D 22 / Y 2021	Date Due M M / D D / Y 12/31/25	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	30000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7328**  
**SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 126101.63	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 126101.63
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<b>TERMS</b>	Date Incurred M 09 / D 23 / Y 2021	Date Due M M / D D / Y 12/31/25	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	[ ] 126101.63
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7329**  
**SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 30000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 30000.00
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<b>TERMS</b>	Date Incurred M 09 / D 24 / Y 2021	Date Due M M / D D / Y 12/31/25	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	30000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.7330**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
94587.93	0.00	94587.93

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 09 <sup>M</sup> / D 27 <sup>D</sup> / Y 2021 <sup>Y</sup>	M M / D D / Y 12/30/25 <sup>Y</sup>	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	94587.93
<b>TOTALS</b> This Period (last page in this line only).....▶	<input type="text"/>

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) <b>SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC</b>	Transaction ID : <b>SC/10.7331</b>
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<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <span style="float: right;"><input type="checkbox"/> Memo Item</span> CHERFILUS-MCCORMICK, SHEILA, , ,		Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET		
City MIRAMAR	State FL	ZIP Code 33029
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
60000.00	0.00	60000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 10 / D 01 / Y 2021	M M / D D / Y 12/31/25	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	<input style="width: 150px;" type="text" value="60000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....▶	<input style="width: 150px;" type="text"/>

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.7332**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 10 / D 04 / Y 2021	M M / D D / Y 12/31/25	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	50000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.7333**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 18000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 18000.00
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<b>TERMS</b>	Date Incurred M 10 / D 05 / Y 2021	Date Due M M / D D / Y 12/31/25	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	18000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7334**  
**SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,			<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET				
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan 20000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20000.00
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<b>TERMS</b>	Date Incurred M 10 / D 07 / Y 2021	Date Due M M / D D / Y 12/31/25	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	20000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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



**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.7335**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
152000.00	0.00	152000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 10 / D 08 / Y 2021	M M / D D / Y 12/31/25	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	152000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.8175**  
**SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 40000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 40000.00
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<b>TERMS</b>	Date Incurred M 10 / D 15 / Y 2021	Date Due M M / D D / Y 12/31/2024	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	40000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.8176**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
211000.00	0.00	211000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 10 <sup>M</sup> / D 18 <sup>D</sup> / Y 2021 Y	M M / D D / Y 12/31/2024 Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	211000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.7338**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
341000.00	0.00	341000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 10 / D 23 / Y 2021	M M / D D / Y 12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	341000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.7341  
**SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 341000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 341000.00
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<b>TERMS</b>	Date Incurred M 10 / D 23 / Y 2021	Date Due M M / D D / Y 12/31/2023	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	341000.00
<b>TOTALS</b> This Period (last page in this line only) .....	[ ]

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.7339**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
341000.00	0.00	341000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 10 / D 25 / Y 2021	M M / D D / Y 12/31/2023	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	341000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.7344**  
**SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 11/2/2021
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 341000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 341000.00
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<b>TERMS</b>	Date Incurred M 10 / D 25 / Y 2021	Date Due M M / D D / Y 12/31/2023	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	341000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.8177**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
90000.00	0.00	90000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 10 / D 25 / Y 2021	M M / D D / Y 12/31/2024	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City	State	ZIP Code
	Amount Guaranteed Outstanding:	

<b>SUBTOTALS</b> This Period This Page (optional).....▶	90000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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



# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.8179**  
**SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 10 / D 28 / Y 2021	M M / D D / Y 12/31/2024	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	50000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.8180**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
290000.00	0.00	290000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 11 / D 04 / Y 2021	M M / D D / Y 12/31/2024	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	290000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.8181**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , , <input type="checkbox"/> Memo Item		Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 18612 SW 41ST STREET		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City MIRAMAR	State FL	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
105000.00	0.00	105000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 12 <sup>M</sup> / D 02 <sup>D</sup> / Y 2021 <sup>Y</sup>	M M / D D / Y 12/31/2024 <sup>Y</sup>	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	105000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	<input type="text"/>

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.8182**  
**SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 40000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 40000.00
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<b>TERMS</b>	Date Incurred M 12 / D 13 / Y 2021	Date Due M / D / Y 12/31/2024	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	40000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.8184**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
70000.00	0.00	70000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 01 / D 09 / Y 2022	M M / D D / Y 12/31/2024	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	70000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.8185**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
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<b>TERMS</b>	Date Incurred M 01 / D 18 / Y 2022	Date Due M M / D D / Y 12/31/2024	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	10000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.8186**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 20000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20000.00
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<b>TERMS</b>	Date Incurred M 01 / D 19 / Y 2022	Date Due M M / D D / Y 12/31/2024	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	20000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC** Transaction ID : **SC/10.8187**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) CHERFILUS-MCCORMICK, SHEILA, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 18612 SW 41ST STREET			
City MIRAMAR	State FL	ZIP Code 33029	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 15000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 15000.00
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<b>TERMS</b>	Date Incurred M 01 / D 20 / Y 2022	Date Due M M / D D / Y 12/31/2024	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	15000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	4049196.44

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