

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

Office Use Only

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

12FE4M5

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

ADDRESS (number and street)

6151 MIRAMAR PKWY

SUITE 101

MIRAMAR

FL

33023

☐ Check if different than previously reported. (ACC)

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00677492

3. IS THIS REPORT

☐ NEW (N)

OR

☒ AMENDED (A)

STATE ▼ DISTRICT

FL

20

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

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

Election on

M M /

D D /

Y Y Y Y

in the State of

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

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

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

04

D D /

01

Y Y Y Y

2022

through

M M /

06

D D /

30

Y Y Y Y

2022

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

AINA, OLUBISI, , Dr.,

Type or Print Name of Treasurer

Signature of Treasurer

AINA, OLUBISI, , Dr.,

[Electronically Filed]

Date

M M /

07

D D /

21

Y Y Y Y

2022

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

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

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 234

Write or Type Committee Name

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Report Covering the Period:

From:

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

To:

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	95455.29	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))	95455.29	177950.16
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	368561.02	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))	368561.02	2861692.69
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1278618.70	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	4493311.44	

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Report Covering the Period:

From:

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

To:

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

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

42500.00

112710.46

(ii) Unitemized

4285.29

22009.41

(iii) TOTAL of contributions from individuals

46785.29

134719.87

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs)

48670.00

39833.31

(d) The Candidate

0.00

3396.98

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

95455.29

177950.16

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

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

276115.00

5973764.94

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

276115.00

5973764.94

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.)

0.00

6788.14

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

371570.29

6158503.24

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 05/2016)

of Disbursements

PAGE 4 / 234

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	368561.02	2861692.69
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	400000.00	2019568.50
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	400000.00	2019568.50
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	768561.02	4881261.19

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1675609.43
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	371570.29
25. SUBTOTAL (add Line 23 and Line 24).....	2047179.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	768561.02
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1278618.70

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Arison, Madeleine, , ,

Mailing Address 2 Alhambra Plaza #1040

City

Coral Gables

State

FL

Zip Code

33134

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Philanthropist

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID : SA11AI.8980

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Arison, Micky, , ,

Mailing Address 2 Alhambra Plaza #1040

City

Coral Gables

State

FL

Zip Code

33134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carnival CorporationOccupation
Chairman of the Board

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID : SA11AI.8978

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Barnett, Michael, , ,

Mailing Address 2166 park boulevard

City

san juan

State

PR

Zip Code

91300

FEC ID number of contributing
federal political committee.

C

Name of Employer
NUC UniversityOccupation
Employee

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11AI.8908

Amount of Each Receipt this Period

1000.00

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

6000.00

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

Brinque, Jacque, , ,

A.

Mailing Address 710 East Main Street

City

Lexington

State

KY

Zip Code

40502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unknown

Occupation

Unknown

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 08 2022

Transaction ID : SA11AI.8969

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Brown, David, R, ,

B.

Mailing Address 10701 SW 62nd Ave

City

Pinecrest

State

FL

Zip Code

33156

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unknown

Occupation

Unknown

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 28 2022

Transaction ID : SA11AI.8925

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Dambreville, Virginia, , ,

C.

Mailing Address 146-20 Farmers Blvd.

City

Jamaica

State

NY

Zip Code

11434

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 12 2022

Transaction ID : SA11AI.8898

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1750.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

Desrivieres, Daniel, , , OD

A.

Mailing Address 32 North Day Street

City

Orange

State

NJ

Zip Code

07050

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unknown

Occupation

Unknown

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 23 2022

Transaction ID : SA11AI.9012

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Desulme, Alix, , ,

B.

Mailing Address 830 NW 133rd Street

City

North miami

State

FL

Zip Code

33168

FEC ID number of contributing
federal political committee.

C

Name of Employer

MDCPS

Occupation

Educator

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 11 2022

Transaction ID : SA11AI.8946

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Dorvilier, Chenet, , ,

C.

Mailing Address 246-26 137th Ave

City

Rosedale

State

NY

Zip Code

11422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unknown

Occupation

Unknown

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 01 2022

Transaction ID : SA11AI.8963

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

2550.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

Duchaine, Landy, , ,

Mailing Address 420 Jouet Street

City

Roselle

State

NJ

Zip Code

07203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unknown

Occupation

Unknown

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 23 2022

Transaction ID : SA11AI.9002

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Duchaine, Yvan, , ,

Mailing Address 125 W 4th Ave

City

Roselle

State

NJ

Zip Code

07203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unknown

Occupation

Unknown

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 23 2022

Transaction ID : SA11AI.9010

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Dumervil, Elvie, , ,

Mailing Address 1717 N Bayshore Dr

City

Miami

State

FL

Zip Code

33132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Prestige Estates

Occupation

Real Estate

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 24 2022

Transaction ID : SA11AI.8902

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Fayette, Theodore, , ,
Mailing Address 11 Powell DriveCity
West OrangeState
NJZip Code
07052FEC ID number of contributing
federal political committee.

C

Name of Employer
UnknownOccupation
Unknown

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 24 / 2022

Transaction ID : SA11AI.8952

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ferrer, Willu, , ,
Mailing Address 3015 Emathla StreetCity
MiamiState
FLZip Code
33133FEC ID number of contributing
federal political committee.

C

Name of Employer
Holland & KnightOccupation
Attorney

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 01 / 2022

Transaction ID : SA11AI.8890

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Francoil, Gerald, , ,
Mailing Address 4114 Ninth Ave #5JCity
BrooklynState
NYZip Code
11232FEC ID number of contributing
federal political committee.

C

Name of Employer
UnknownOccupation
Unknown

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2022

Transaction ID : SA11AI.8959

Amount of Each Receipt this Period

250.00

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

750.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

Galbut, Abraham, A, , Esq.

Mailing Address 4770 Biscayne Blvd. Suite 1400

City
Miami

State
FL

Zip Code
33137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Lawyer

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 01 2022

Transaction ID : SA11AI.8990

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Gassant, Pedro, , ,

Mailing Address 20609 NW 14th Place

City
Miami

State
FL

Zip Code
33169

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unknown

Occupation
Unknown

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 26 2022

Transaction ID : SA11AI.8923

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Goldstein, Joseph, , ,

Mailing Address 1415 20th Street, Apt. 201

City
Miami Beach

State
FL

Zip Code
33139

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holland & Knight

Occupation
Attorney

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 24 2022

Transaction ID : SA11AI.8894

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

3000.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 15 2022

Transaction ID : SA11AI.8909

Amount of Each Receipt this Period

1200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Jean-Glaude, Edwig, , ,

Mailing Address 16040 NW 83rd Place

City

Miami Lakes

State

FL

Zip Code

33016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unknown

Occupation

Unknown

Receipt For: 2022

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

2900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 02 2022

Transaction ID : SA11AI.8933

Amount of Each Receipt this Period

2900.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Jean Louis, Mary, , ,

Mailing Address 14245 130th Ave

City

Jamaica

State

NY

Zip Code

11436

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unknown

Occupation

Unknown

Receipt For: 2022

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 08 2022

Transaction ID : SA11AI.8971

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

4350.00

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Julceus, Marc, Harry, ,

Mailing Address 22 Dickinson Lane

City

Livington

State

NJ

Zip Code

07039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unknown

Occupation

Unknown

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 23 2022

Transaction ID : SA11AI.9006

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kinlock, Andrew, M, ,

Mailing Address 6 Country Lake Trail

City

Boynton Beach

State

FL

Zip Code

33436

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unknown

Occupation

Unknown

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 26 2022

Transaction ID : SA11AI.8919

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laroche, Harold, I, ,

Mailing Address 236 Parkside Drive

City

Union

State

NJ

Zip Code

07083

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unknown

Occupation

Unknown

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 23 2022

Transaction ID : SA11AI.9004

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1800.00

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

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

Lee, Tiffani, , ,

Mailing Address 888 Brickell Key Drive, #2111

City
Miami

State
FL

Zip Code
33131

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holland & Knight LLP

Occupation
Attorney

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 01 2022

Transaction ID : SA11AI.8896

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Lozama, Jeff, , ,

Mailing Address 1940 SW 129 Terr

City
Miramar

State
FL

Zip Code
33027

FEC ID number of contributing
federal political committee.

C

Name of Employer
CMS International Group

Occupation
CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 01 2022

Transaction ID : SA11AI.8906

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mack, David, S, ,

Mailing Address 1 Bridge Plaza N #260

City
Fort Lee

State
NJ

Zip Code
07024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unknown

Occupation
Unknown

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 25 2022

Transaction ID : SA11AI.8913

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

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

4000.00

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

Mack, Sondra, , ,

Mailing Address 1 Bridge Plaza N #260

City

Fort Lee

State

NJ

Zip Code

07024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unknown

Occupation

Unknown

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 25 2022

Transaction ID : SA11AI.8917

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Margolis, Michael, A, ,

Mailing Address 405 Doris Ct. #2207

City

San Francisco

State

CA

Zip Code

94111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unknown

Occupation

Unknown

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 25 2022

Transaction ID : SA11AI.8915

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Marrero Priegues, Ines, , ,

Mailing Address 1415 Sunset Harbour Dr. #201

City

Miami Beach

State

FL

Zip Code

33129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Holland & Knight

Occupation

Attorney

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 24 2022

Transaction ID : SA11AI.8892

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

5500.00

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

Metellus, Gerald, , ,

Mailing Address 515 NE 107th Street

City

Miami

State

FL

Zip Code

33161

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unknown

Occupation

Unknown

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 16 2022

Transaction ID : SA11AI.8996

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Narcisse, Francis, , ,

Mailing Address 1711 Ralph Ave

City

Brooklyn

State

NY

Zip Code

11236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unknown

Occupation

Unknown

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 23 2022

Transaction ID : SA11AI.9008

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Neasman, Annie, , ,

Mailing Address 6799 Brookline Drive

City

Hialeah

State

FL

Zip Code

33015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jessie Trice Community Health System

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 24 2022

Transaction ID : SA11AI.8904

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1550.00

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

Patel, Meera, , ,**A.**

Mailing Address 7805 Patriot Street

City

Lake Worth

State

FL

Zip Code

33463

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

Name of Employer

Unknown

Occupation

Unknown

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	2	2

Transaction ID : SA11AI.8921

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Plaisir, Jean, Y, ,**B.**

Mailing Address 304 Pickering Place

City

Somerset

State

NJ

Zip Code

08873

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

Name of Employer

Unknown

Occupation

Unknown

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.8954

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Plaisir, Jean, Y, ,**C.**

Mailing Address 304 Pickering Place

City

Somerset

State

NJ

Zip Code

08873

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

Name of Employer

Unknown

Occupation

Unknown

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11AI.8955

Amount of Each Receipt this Period

250.00

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

1500.00

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Raymond, E, , ,

Mailing Address 900 Lenox Road , 5G

City

Brooklyn

State

NY

Zip Code

11203

FEC ID number of contributing
federal political committee.

C

Name of Employer

The City of New York

Occupation

Lieutenant

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 12 2022

Transaction ID : SA11AI.8900

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Rejouis, Joram, , ,

Mailing Address 16 Ramsey Road

City

Sussex

State

NJ

Zip Code

07461

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unknown

Occupation

Unknown

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 24 2022

Transaction ID : SA11AI.8957

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Rogan, John, , ,

Mailing Address 15010 S River Drive

City

Miami

State

FL

Zip Code

33157

FEC ID number of contributing
federal political committee.

C

Name of Employer

First Choice Marketing

Occupation

President

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 01 2022

Transaction ID : SA11AI.8992

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

1750.00

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

Tate, James, D, ,

Mailing Address 1175 NE 125th St. Suir 102

City

North Miami

State

FL

Zip Code

33151

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unknown

Occupation

Unknown

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 11 2022

Transaction ID : SA11AI.8943

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Taubert, Irwin & Laura, , ,

Mailing Address 15 Indian Creek Island Rd

City

Indian Creek Village

State

FL

Zip Code

33154

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unknown

Occupation

Unknown

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 11 2022

Transaction ID : SA11AI.8945

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Val, Detre, , ,

Mailing Address 10898 NW 7th Ave

City

Miami

State

FL

Zip Code

33168

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Broker

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 16 2022

Transaction ID : SA11AI.8998

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

4000.00

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

Whitford, Angela, , ,

A.

Mailing Address 1664 Cypress Point Lane

City

Winter Park

State

FL

Zip Code

32792

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unknown

Occupation

Unknown

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 02 2022

Transaction ID : SA11AI.8929

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Wohl, Michael, D, ,

B.

Mailing Address 2800 Ponce De Leon Blvd. #1160

City

Coral Gables

State

FL

Zip Code

33134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unknown

Occupation

Unknown

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 06 2022

Transaction ID : SA11AI.8885

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

1500.00

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

42500.00

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial) AAJ PAC Mailing Address 777 6th St NW #200 City Washington State DC Zip Code 20001 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2022 ☒ Primary ☐ General ☐ Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00			Date of Receipt M M / D D / Y Y Y Y Y 06 / 02 / 2022 Transaction ID : SA11C.8965 Amount of Each Receipt this Period 5000.00 ☐ Memo Item
B. Full Name (Last, First, Middle Initial) AIPAC PAC Conduit Mailing Address 416 S Florida Ave NW #26418 City Washington State DC Zip Code 20001 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2022 ☒ Primary ☐ General ☐ Other (specify) ▼ Election Cycle-to-Date ▼ 11020.00			Date of Receipt M M / D D / Y Y Y Y Y 04 / 06 / 2022 Transaction ID : SA11C.8994 Amount of Each Receipt this Period 11020.00 ☐ Memo Item
C. Full Name (Last, First, Middle Initial) American Federation of State County & Municipal Employees-AFL-CIO Mailing Address 1625 L. Street NW City Washington State DC Zip Code 20036 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2022 ☒ Primary ☐ General ☐ Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00			Date of Receipt M M / D D / Y Y Y Y Y 05 / 18 / 2022 Transaction ID : SA11C.9000 Amount of Each Receipt this Period 5000.00 ☐ Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			21020.00
TOTAL This Period (last page this line number only)..... ▶			

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. American Federation of Teacher

Mailing Address 555 New Jersey Ave., N.W.

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2022

Transaction ID : SA11C.8984

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Israel Public Affairs Committee

Mailing Address 251 H Street NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2900.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		06		2022

Transaction ID : SA11C.8937

Amount of Each Receipt this Period

2900.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CWA Political Action

Mailing Address 501 3rd Street NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		06		2022

Transaction ID : SA11C.8939

Amount of Each Receipt this Period

4000.00

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

11900.00

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

Democracy Engine LLC

Mailing Address 416 Florida Ave NW #26418

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 29 2022

Transaction ID : SA11C.8975

Amount of Each Receipt this Period

1425.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Democracy Engine LLC

Mailing Address 416 Florida Ave NW #26418

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 29 2022

Transaction ID : SA11C.8976

Amount of Each Receipt this Period

475.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Democratic Engine LLC

Mailing Address 416 Florida Ave NEW #26418

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 28 2022

Transaction ID : SA11C.9014

Amount of Each Receipt this Period

950.00

☐ Memo Item

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

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

2850.00

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

Holland & Knight Committee for Effective Government

Mailing Address 800 17th Street NW #1100

City

Washington

State

DC

Zip Code

20006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 06 2022

Transaction ID : SA11C.8935

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Hope PAC

Mailing Address PO Box 7170

City

Boulder

State

CO

Zip Code

80306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 01 2022

Transaction ID : SA11C.8986

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Murphy-Neilan Trust

Mailing Address 405 Davis Ct. #2207

City

San Francisco

State

CA

Zip Code

94111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 28 2022

Transaction ID : SA11C.8927

Amount of Each Receipt this Period

2900.00

☐ Memo Item

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

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

4900.00

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

NAIFA**A.**

Mailing Address P.O. Box 14365

City

Tallahassee

State

FL

Zip Code

32317

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

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11C.8973

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

National Association of Insurance & Financial Advisors**B.**

Mailing Address 2901 Telestar Court

City

Falls Church

State

VA

Zip Code

22042

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

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11C.8982

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Puget Pac Rick Larsen**C.**

Mailing Address PO Box 15320

City

Washington

State

DC

Zip Code

20003

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

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11C.8988

Amount of Each Receipt this Period

1000.00

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

3000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 15			

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Sheet Metal Air Rail Transportation POL

Mailing Address 1750 New York Ave NW #600

City

Washington

State

DC

Zip Code

20006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID : SA11C.8911

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

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

5000.00

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

48670.00

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

618500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2022

Transaction ID : SA13A.9443

Amount of Each Receipt this Period

5500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

618900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2022

Transaction ID : SA13A.9444

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

628070.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 12 / 2022

Transaction ID : SA13A.9446

Amount of Each Receipt this Period

9170.00

☐ Memo Item

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

15070.00

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

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

638070.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2022

Transaction ID : SA13A.9447

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

648070.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 11 / 2022

Transaction ID : SA13A.9448

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

649070.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2022

Transaction ID : SA13A.9449

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

21000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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☐ 12	☒ 13a	☐ 13b	☐ 14	☐ 15

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

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 ▼

650070.00

Date of Receipt

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

Transaction ID : SA13A.9450

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.**C** H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

671906.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	2	2

Transaction ID : SA13A.9451

Amount of Each Receipt this Period

21836.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.**C** H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

674671.00

Date of Receipt

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

Transaction ID : SA13A.9452

Amount of Each Receipt this Period

2765.00

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

25601.00

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

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

679671.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2022

Transaction ID : SA13A.9453

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

689671.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2022

Transaction ID : SA13A.9454

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

694671.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2022

Transaction ID : SA13A.9455

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

20000.00

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

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

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12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700671.00

Date of Receipt

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

Transaction ID : SA13A.9456

Amount of Each Receipt this Period

6000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

712115.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2022

Transaction ID : SA13A.9457

Amount of Each Receipt this Period

11444.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

718115.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2022

Transaction ID : SA13A.9458

Amount of Each Receipt this Period

6000.00

☐ Memo Item

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

23444.00

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

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

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for each category of the
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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

A.

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

726615.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 14 / 2022

Transaction ID : SA13A.9459

Amount of Each Receipt this Period

8500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

B.

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

730615.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2022

Transaction ID : SA13A.9461

Amount of Each Receipt this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

C.

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

735615.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2022

Transaction ID : SA13A.9462

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

17500.00

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

760615.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2022

Transaction ID : SA13A.9463

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

777615.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 24 / 2022

Transaction ID : SA13A.9464

Amount of Each Receipt this Period

17000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

787615.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2022

Transaction ID : SA13A.9465

Amount of Each Receipt this Period

10000.00

☐ Memo Item

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

52000.00

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

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.**C** H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

799615.00

Date of Receipt

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

Transaction ID : SA13A.9466

Amount of Each Receipt this Period

12000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.**C** H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

815115.00

Date of Receipt

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

Transaction ID : SA13A.9467

Amount of Each Receipt this Period

15500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.**C** H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

877115.00

Date of Receipt

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

Transaction ID : SA13A.9469

Amount of Each Receipt this Period

62000.00

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

89500.00

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

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

City

MIRAMAR

State

FL

Zip Code

33029

FEC ID number of contributing
federal political committee.

C H8FL20032

Name of Employer

TRINITY HEALTH CARE SERVICES

Occupation

CEO

Receipt For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

889115.00

Date of Receipt

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

Transaction ID : SA13A.9470

Amount of Each Receipt this Period

12000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item

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

12000.00

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

276115.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. 14:24 Media

Mailing Address 18820 Nw 22 Street

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Filming

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

440.00

Transaction ID : SB17.9120

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 14:24 Media

Mailing Address 18820 Nw 22 Street

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Filming

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		10		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.9121

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. 14:24 Media

Mailing Address 18820 Nw 22 Street

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Filming

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.9122

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

1640.00

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

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

PAGE 36 OF 234

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. 14:24 Media

Mailing Address 18820 Nw 22 Street

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Filming

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		24		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

874.00

Transaction ID : SB17.9123

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 14:24 Media

Mailing Address 18820 Nw 22 Street

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Filming

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		24		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.9124

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. 14:24 Media

Mailing Address 18820 Nw 22 Street

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Filming

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

850.00

Transaction ID : SB17.9125

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

2624.00

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

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

PAGE 37 OF 234

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Accurate Business Systems

Mailing Address 15725 NW 15th Ave

City
MiamiState
FLZip Code
33169Purpose of Disbursement
Signs

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

9448.00

Transaction ID : SB17.9093

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Alleyne, Rosanne, , ,

Mailing Address 5040 NE 7th Terrace

City
Pompano BeachState
FLZip Code
33064Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

646.00

Transaction ID : SB17.9279

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Alleyne, Rosanne, , ,

Mailing Address 5040 NE 7th Terrace

City
Pompano BeachState
FLZip Code
33064Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

553.00

Transaction ID : SB17.9280

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

10647.00

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

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

PAGE 38 OF 234

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Alleyne, Rosanne, , ,

Mailing Address 5040 NE 7th Terrace

City
Pompano BeachState
FLZip Code
33064Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

399.00

Transaction ID : SB17.9281

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Alleyne, Rosanne, , ,

Mailing Address 5040 NE 7th Terrace

City
Pompano BeachState
FLZip Code
33064Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

399.00

Transaction ID : SB17.9282

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Alleyne, Rosanne, , ,

Mailing Address 5040 NE 7th Terrace

City
Pompano BeachState
FLZip Code
33064Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.9283

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

1138.00

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

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

PAGE 39 OF 234

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Anderson, Arielle, , ,

Mailing Address 13146 SW 47th Street

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

330.00

Transaction ID : SB17.9066

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anderson, Arielle, , ,

Mailing Address 13146 SW 47th Street

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

272.00

Transaction ID : SB17.9067

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anderson, Arielle, , ,

Mailing Address 13146 SW 47th Street

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

4432.00

Transaction ID : SB17.9068

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

5034.00

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

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

PAGE 40 OF 234

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Anderson, Arielle, , ,

Mailing Address 13146 SW 47th Street

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		10		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

272.00

Transaction ID : SB17.9069

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anderson, Arielle, , ,

Mailing Address 13146 SW 47th Street

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		17		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

425.00

Transaction ID : SB17.9070

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anderson, Arielle, , ,

Mailing Address 13146 SW 47th Street

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		17		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

425.00

Transaction ID : SB17.9071

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

1122.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Anderson, Arielle, , ,

Mailing Address 13146 SW 47th Street

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		24		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.9072

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anderson, Arielle, , ,

Mailing Address 13146 SW 47th Street

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

330.00

Transaction ID : SB17.9073

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anderson, Arielle, , ,

Mailing Address 13146 SW 47th Street

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.9074

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

925.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Anderson, Arielle, , ,

Mailing Address 13146 SW 47th Street

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		14		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.9075

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anderson, Arielle, , ,

Mailing Address 13146 SW 47th Street

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

170.00

Transaction ID : SB17.9076

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anderson, Arielle, , ,

Mailing Address 13146 SW 47th Street

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1958.00

Transaction ID : SB17.9080

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

2468.00

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Anderson, Arielle, , ,

Mailing Address 13146 SW 47th Street

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1958.00

Transaction ID : SB17.9081

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anderson, Arielle, , ,

Mailing Address 13146 SW 47th Street

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

272.00

Transaction ID : SB17.9082

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anderson, Isaiah, , ,

Mailing Address 13146 SW 47th St

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.9078

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

2570.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Anderson, Isaiah, , ,

Mailing Address 13146 SW 47th St

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

425.00

Transaction ID : SB17.9079

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anderson, Isaiah, , ,

Mailing Address 13146 SW 47th St

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

425.00

Transaction ID : SB17.9083

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Angerholzer Broz Consulting

Mailing Address 499 South Capitol Street SW

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

5419.35

Transaction ID : SB17.9277

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

6269.35

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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PAGE 45 OF 234

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Aparicio, Alexandra, , ,

Mailing Address 6380 Plunkett Street

City
HollywoodState
FLZip Code
33023Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.9311

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Aparicio, Alexandra, , ,

Mailing Address 6380 Plunkett Street

City
HollywoodState
FLZip Code
33023Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

240.00

Transaction ID : SB17.9312

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address 208 S Akard Street #2954

City
DallasState
TXZip Code
75202Purpose of Disbursement
Internet Service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

143.40

Transaction ID : SB17.9139

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

638.40

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address 208 S Akard Street #2954

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2022

City
DallasState
TXZip Code
75202Purpose of Disbursement
Internet ServiceCategory/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

128.40

Transaction ID : SB17.9140

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address 208 S Akard Street #2954

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2022

City
DallasState
TXZip Code
75202Purpose of Disbursement
Internet ServiceCategory/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

153.40

Transaction ID : SB17.9141

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address 208 S Akard Street #2954

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2022

City
DallasState
TXZip Code
75202Purpose of Disbursement
Internet ServiceCategory/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

168.40

Transaction ID : SB17.9142

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

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

450.20

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address 208 S Akard Street #2954

City
DallasState
TXZip Code
75202Purpose of Disbursement
Internet Service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

128.40

Transaction ID : SB17.9143

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address 208 S Akard Street #2954

City
DallasState
TXZip Code
75202Purpose of Disbursement
Internet Service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

148.40

Transaction ID : SB17.9144

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Barber, Jacquette, , ,

Mailing Address 727 W Tiffany Drive

City
Mangonia ParkState
FLZip Code
33407Purpose of Disbursement
Campaign Consultant

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

875.00

Transaction ID : SB17.9332

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

1151.80

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Barber, Jacquette, , ,

Mailing Address 727 W Tiffany Drive

City
Mangonia ParkState
FLZip Code
33407Purpose of Disbursement
Campaign Consultant

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

875.00

Transaction ID : SB17.9333

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Barber, Jacquette, , ,

Mailing Address 727 W Tiffany Drive

City
Mangonia ParkState
FLZip Code
33407Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

875.00

Transaction ID : SB17.9334

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Broward Democratic Black Caucus

Mailing Address PO Box 9242

City
Coral SpringsState
FLZip Code
33075Purpose of Disbursement
Donation

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.9442

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

2750.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Broward Democratic Party

Mailing Address 8320 W Sunrise Blvd #203

City
PlantationState
FLZip Code
33322Purpose of Disbursement
Donation

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		26		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.9358

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bryant, Checree, , ,

Mailing Address 890 Brandon Prescott Lane #205

City
West Palm BeachState
FLZip Code
33401Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.9361

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Bryant, Checree, , ,

Mailing Address 890 Brandon Prescott Lane #205

City
West Palm BeachState
FLZip Code
33401Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.9362

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

1400.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Burrell, Javin, , ,

Mailing Address 4401 Greenwood Ave

Date of Disbursement

M M	D D	Y Y Y Y
06	24	2022

City
West Palm BeachState
FLZip Code
33407Purpose of Disbursement
Wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

240.00

Transaction ID : SB17.9257

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Burrell, Javin, , ,

Mailing Address 4401 Greenwood Ave

Date of Disbursement

M M	D D	Y Y Y Y
06	29	2022

City
West Palm BeachState
FLZip Code
33407Purpose of Disbursement
Wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

240.00

Transaction ID : SB17.9258

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Butler, Sherri, , ,

Mailing Address 789 Dixie Beach Circle

Date of Disbursement

M M	D D	Y Y Y Y
04	15	2022

City
TamaracState
FLZip Code
33321Purpose of Disbursement
Wages

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

680.00

Transaction ID : SB17.9342

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

1160.00

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

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Butler, Sherri, , ,

Mailing Address 789 Dixie Beach Circle

City
TamaracState
FLZip Code
33321Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.9343

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Butler, Sherri, , ,

Mailing Address 789 Dixie Beach Circle

City
TamaracState
FLZip Code
33321Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

425.00

Transaction ID : SB17.9344

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Butler, Sherri, , ,

Mailing Address 789 Dixie Beach Circle

City
TamaracState
FLZip Code
33321Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

314.50

Transaction ID : SB17.9345

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

1079.50

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Butler, Sherri, , ,

Mailing Address 789 Dixie Beach Circle

City
TamaracState
FLZip Code
33321Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

365.00

Transaction ID : SB17.9346

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Butler, Sherri, , ,

Mailing Address 789 Dixie Beach Circle

City
TamaracState
FLZip Code
33321Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

331.50

Transaction ID : SB17.9347

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Butler, Sherri, , ,

Mailing Address 789 Dixie Beach Circle

City
TamaracState
FLZip Code
33321Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.9348

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

1036.50

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

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Butler, Sherri, , ,

Mailing Address 789 Dixie Beach Circle

City
TamaracState
FLZip Code
33321Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.9349

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Butler, Sherri, , ,

Mailing Address 789 Dixie Beach Circle

City
TamaracState
FLZip Code
33321Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.9350

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Butler, Sherri, , ,

Mailing Address 789 Dixie Beach Circle

City
TamaracState
FLZip Code
33321Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.9351

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

850.00

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

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Butler, Sherri, , ,

Mailing Address 789 Dixie Beach Circle

City
TamaracState
FLZip Code
33321Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.9352

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cardoso, Cristina, , ,

Mailing Address 10400 NW 30th Court #402

City
SurniseState
FLZip Code
33322Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

306.00

Transaction ID : SB17.9026

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cardoso, Cristina, , ,

Mailing Address 10400 NW 30th Court #402

City
SurniseState
FLZip Code
33322Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.9027

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

901.00

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

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

PAGE 55 OF 234

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Cardoso, Cristina, , ,

Mailing Address 10400 NW 30th Court #402

City
SunniseState
FLZip Code
33322Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.9028

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cardoso, Cristina, , ,

Mailing Address 10400 NW 30th Court #402

City
SunniseState
FLZip Code
33322Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.9029

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Cardoso, Cristina, , ,

Mailing Address 10400 NW 30th Court #402

City
SunniseState
FLZip Code
33322Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.9030

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

765.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Cardoso, Cristina, , ,

Mailing Address 10400 NW 30th Court #402

City
SunniseState
FLZip Code
33322Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.9031

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cardoso, Cristina, , ,

Mailing Address 10400 NW 30th Court #402

City
SunniseState
FLZip Code
33322Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.9032

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Cardoso, Cristina, , ,

Mailing Address 10400 NW 30th Court #402

City
SunniseState
FLZip Code
33322Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

170.00

Transaction ID : SB17.9033

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

680.00

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

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Cardoso, Cristina, , ,

Mailing Address 10400 NW 30th Court #402

Date of Disbursement

M M	D D	Y Y Y Y
06	21	2022

City
SunnysideState
FLZip Code
33322Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.9034

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

B. Catrese Special Services

Mailing Address PO Box 681545 #110

Date of Disbursement

M M	D D	Y Y Y Y
04	15	2022

City
MiamiState
FLZip Code
33168Purpose of Disbursement
Cleaning Service

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

145.00

Transaction ID : SB17.9433

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

c. Catrese Special Services

Mailing Address PO Box 681545 #110

Date of Disbursement

M M	D D	Y Y Y Y
04	29	2022

City
MiamiState
FLZip Code
33168Purpose of Disbursement
Cleaning Service

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

145.00

Transaction ID : SB17.9434

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

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

545.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Catrese Special Services

Mailing Address PO Box 681545 #110

City
MiamiState
FLZip Code
33168Purpose of Disbursement
Cleaning Service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

145.00

Transaction ID : SB17.9435

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Catrese Special Services

Mailing Address PO Box 681545 #110

City
MiamiState
FLZip Code
33168Purpose of Disbursement
Cleaning Service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

145.00

Transaction ID : SB17.9436

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Catrese Special Services

Mailing Address PO Box 681545 #110

City
MiamiState
FLZip Code
33168Purpose of Disbursement
Cleaning Service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	2	2

FEC Identification Number

C

Amount of Each Disbursement this Period

145.00

Transaction ID : SB17.9437

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

435.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Catrese Special Services

Mailing Address PO Box 681545 #110

City
MiamiState
FLZip Code
33168Purpose of Disbursement
Cleaning Service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

145.00

Transaction ID : SB17.9438

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Catrese Special Services

Mailing Address PO Box 681545 #110

City
MiamiState
FLZip Code
33168Purpose of Disbursement
Cleaning Service

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

145.00

Transaction ID : SB17.9439

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Catrese Special Services

Mailing Address PO Box 681545 #110

City
MiamiState
FLZip Code
33168Purpose of Disbursement
Rent

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

290.00

Transaction ID : SB17.9440

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

580.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Charles, LeChante, , ,

Mailing Address 18553 Tulip Rd

City
Fort MyersState
FLZip Code
33967Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

306.00

Transaction ID : SB17.9108

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Charles, LeChante, , ,

Mailing Address 18553 Tulip Rd

City
Fort MyersState
FLZip Code
33967Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

360.00

Transaction ID : SB17.9109

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Charles, LeChante, , ,

Mailing Address 18553 Tulip Rd

City
Fort MyersState
FLZip Code
33967Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

360.00

Transaction ID : SB17.9110

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

1026.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Charles, LeChante, , ,

Mailing Address 18553 Tulip Rd

City
Fort MyersState
FLZip Code
33967Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

144.00

Transaction ID : SB17.9111

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cherfilus, Edwin, , ,

Mailing Address 4593 SW 132nd Ave

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

428.00

Transaction ID : SB17.9271

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address 388 Greenwich St

City
New YorkState
NYZip Code
10013Purpose of Disbursement
Rent

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1767.03

Transaction ID : SB17.9234

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

2339.03

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. City of Deerfield Beach

Mailing Address 401 S.W. 4th St

Date of Disbursement

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

City
Deerfield BeachState
FLZip Code
33441Purpose of Disbursement
Rental EventCategory/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.9239

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

B. City of Deerfield Beach

Mailing Address 401 S.W. 4th St

Date of Disbursement

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

City
Deerfield BeachState
FLZip Code
33441Purpose of Disbursement
Rental EventCategory/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

532.50

Transaction ID : SB17.9240

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

C. Claude, Cheyenne, , ,

Mailing Address 6027 SW 36th Ct #B

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2022

City
MiramarState
FLZip Code
33023Purpose of Disbursement
WagesCategory/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

240.00

Transaction ID : SB17.9304

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

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

1022.50

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Claude, Cheyenne, , ,

Mailing Address 6027 SW 36th Ct #B

City
MiramarState
FLZip Code
33023Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.9305

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Colony West Golf Club

Mailing Address 6850 NW 88th Ave

City
TamaracState
FLZip Code
33321Purpose of Disbursement
Venue for Event

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

2519.50

Transaction ID : SB17.9320

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Colony West Golf Club

Mailing Address 6850 NW 88th Ave

City
TamaracState
FLZip Code
33321Purpose of Disbursement
Venue for Event

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

2519.50

Transaction ID : SB17.9321

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

5294.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Court Yard Office Plaza

Mailing Address 4577 N. Nob Hill Rd

City
SunriseState
FLZip Code
33351Purpose of Disbursement
Rent

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

4780.83

Transaction ID : SB17.9259

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Court Yard Office Plaza

Mailing Address 4577 N. Nob Hill Rd

City
SunriseState
FLZip Code
33351Purpose of Disbursement
Rent

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4780.33

Transaction ID : SB17.9260

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Court Yard Office Plaza

Mailing Address 4577 N. Nob Hill Rd

City
SunriseState
FLZip Code
33351Purpose of Disbursement
Rent

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4780.33

Transaction ID : SB17.9261

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

14341.49

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

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Cox, Anthony, , ,

Mailing Address 2631 Jamaica Drive

City
MiramarState
FLZip Code
33023Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

2900.00

Transaction ID : SB17.9164

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Deluxe

Mailing Address 3680 Victoria Street

City
NorthshoreviewState
MNZip Code
55126Purpose of Disbursement
Bank Checks

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

152.65

Transaction ID : SB17.9225

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Doganieri, Kameron, , ,

Mailing Address 7050 SW 59th St

City
Southwest RanchesState
FLZip Code
33331Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

425.00

Transaction ID : SB17.9322

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

3477.65

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Doganieri, Kameron, , ,

Mailing Address 7050 SW 59th St

City
Southwest RanchesState
FLZip Code
33331Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

136.00

Transaction ID : SB17.9323

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Doganieri, Kameron, , ,

Mailing Address 7050 SW 59th St

City
Southwest RanchesState
FLZip Code
33331Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

204.00

Transaction ID : SB17.9324

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Doganieri, Kameron, , ,

Mailing Address 7050 SW 59th St

City
Southwest RanchesState
FLZip Code
33331Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

136.00

Transaction ID : SB17.9325

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

476.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Doganieri, Kameron, , ,

Mailing Address 7050 SW 59th St

City
Southwest RanchesState
FLZip Code
33331Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

212.50

Transaction ID : SB17.9326

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Doganieri, Kameron, , ,

Mailing Address 7050 SW 59th St

City
Southwest RanchesState
FLZip Code
33331Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		14		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

527.00

Transaction ID : SB17.9327

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Doganieri, Kameron, , ,

Mailing Address 7050 SW 59th St

City
Southwest RanchesState
FLZip Code
33331Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

425.00

Transaction ID : SB17.9328

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

1164.50

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Dolphin Democrats

Mailing Address PO Box 23194

Date of Disbursement

M M	D D	Y Y Y Y
05	18	2022

City
Oakland ParkState
FLZip Code
33307

FEC Identification Number

C

Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.9432

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

B. DOORDASH

Mailing Address 901 Market Street #6

Date of Disbursement

M M	D D	Y Y Y Y
04	01	2022

City
San FranciscoState
CAZip Code
94103

FEC Identification Number

C

Purpose of Disbursement
Food for Staff

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

18.75

Transaction ID : SB17.9363

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

C. DOORDASH

Mailing Address 901 Market Street #6

Date of Disbursement

M M	D D	Y Y Y Y
04	01	2022

City
San FranciscoState
CAZip Code
94103

FEC Identification Number

C

Purpose of Disbursement
Food for Staff

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

9.99

Transaction ID : SB17.9364

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

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

1028.74

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. DOORDASH

Mailing Address 901 Market Street #6

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2022

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

103.79

Transaction ID : SB17.9365

☐ Memo Item

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

B. DOORDASH

Mailing Address 901 Market Street #6

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2022

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

61.27

Transaction ID : SB17.9366

☐ Memo Item

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

C. DOORDASH

Mailing Address 901 Market Street #6

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2022

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

109.19

Transaction ID : SB17.9367

☐ Memo Item

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

Pccyy

State:

District:

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

274.25

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. DOORDASH

Mailing Address 901 Market Street #6

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2022

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

24.62

Transaction ID : SB17.9368

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

B. DOORDASH

Mailing Address 901 Market Street #6

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2022

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

38.73

Transaction ID : SB17.9369

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

C. DOORDASH

Mailing Address 901 Market Street #6

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2022

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

67.01

Transaction ID : SB17.9370

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

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

130.36

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. DOORDASH

Mailing Address 901 Market Street #6

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

Pccyy

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

9.99

Transaction ID : SB17.9371

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DOORDASH

Mailing Address 901 Market Street #6

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

Pccyy

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

35.14

Transaction ID : SB17.9372

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DOORDASH

Mailing Address 901 Market Street #6

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

Pccyy

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

30.75

Transaction ID : SB17.9373

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

75.88

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

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. DOORDASH

Mailing Address 901 Market Street #6

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2022

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

49.55

Transaction ID : SB17.9374

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

B. DOORDASH

Mailing Address 901 Market Street #6

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2022

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

49.55

Transaction ID : SB17.9375

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

C. DOORDASH

Mailing Address 901 Market Street #6

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2022

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Category/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

29.83

Transaction ID : SB17.9376

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

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

128.93

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. DOORDASH

Mailing Address 901 Market Street #6

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

24.02

Transaction ID : SB17.9377

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DOORDASH

Mailing Address 901 Market Street #6

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

61.15

Transaction ID : SB17.9378

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DOORDASH

Mailing Address 901 Market Street #6

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Candidate Name

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

9.99

Transaction ID : SB17.9379

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

95.16

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. DOORDASH

Mailing Address 901 Market Street #6

City

San Francisco

State

CA

Zip Code

94103

Purpose of Disbursement

Food for Staff

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

68.78

Transaction ID : SB17.9380

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dray, Emily, , ,

Mailing Address 310 NW 197th Ave

City

Pembroke Pines

State

FL

Zip Code

33029

Purpose of Disbursement

Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1147.00

Transaction ID : SB17.9192

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Dray, Emily, , ,

Mailing Address 310 NW 197th Ave

City

Pembroke Pines

State

FL

Zip Code

33029

Purpose of Disbursement

Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

558.00

Transaction ID : SB17.9193

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

1773.78

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Dray, Emily, , ,

Mailing Address 310 NW 197th Ave

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

821.50

Transaction ID : SB17.9194

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dray, Emily, , ,

Mailing Address 310 NW 197th Ave

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

837.00

Transaction ID : SB17.9195

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Dray, Emily, , ,

Mailing Address 310 NW 197th Ave

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

930.00

Transaction ID : SB17.9196

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

2588.50

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Dray, Emily, , ,

Mailing Address 310 NW 197th Ave

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		14		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

744.00

Transaction ID : SB17.9197

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dray, Emily, , ,

Mailing Address 310 NW 197th Ave

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

465.00

Transaction ID : SB17.9198

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Dray, Emily, , ,

Mailing Address 310 NW 197th Ave

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

806.00

Transaction ID : SB17.9199

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

2015.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Feldman, Samantha, , ,

Mailing Address 17809 NW 16th St

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

425.00

Transaction ID : SB17.9099

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Feldman, Samantha, , ,

Mailing Address 17809 NW 16th St

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

136.00

Transaction ID : SB17.9100

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Feldman, Samantha, , ,

Mailing Address 17809 NW 16th St

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

272.00

Transaction ID : SB17.9101

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

833.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Feldman, Samantha, , ,

Mailing Address 17809 NW 16th St

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

144.50

Transaction ID : SB17.9102

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Feldman, Samantha, , ,

Mailing Address 17809 NW 16th St

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		14		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

553.95

Transaction ID : SB17.9103

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Feldman, Samantha, , ,

Mailing Address 17809 NW 16th St

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

425.00

Transaction ID : SB17.9104

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

1123.45

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Feldman, Samantha, , ,

Mailing Address 17809 NW 16th St

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

481.50

Transaction ID : SB17.9105

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Figueroa, Cianna, , ,

Mailing Address 3760 NW 11th Street

City
Coconut CreekState
FLZip Code
33066Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.9228

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Figueroa, Cianna, , ,

Mailing Address 3760 NW 11th Street

City
Coconut CreekState
FLZip Code
33066Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

225.00

Transaction ID : SB17.9229

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

1006.50

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

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

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

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Figueroa, Cianna, , ,

Mailing Address 3760 NW 11th Street

City
Coconut CreekState
FLZip Code
33066Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		14		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.9230

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Figueroa, Cianna, , ,

Mailing Address 3760 NW 11th Street

City
Coconut CreekState
FLZip Code
33066Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

225.00

Transaction ID : SB17.9231

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Figueroa, Cianna, , ,

Mailing Address 3760 NW 11th Street

City
Coconut CreekState
FLZip Code
33066Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

225.00

Transaction ID : SB17.9232

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

750.00

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

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

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

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Fleur, Betina, Fleur, ,

Mailing Address 4400 Coral Springs Drive

City
Coral SpringsState
FLZip Code
33065Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

561.00

Transaction ID : SB17.9255

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FL LGBTQ+ Democratic Caucus

Mailing Address 335 E Linton Blvd, Box 2213

City
Delray BeachState
FLZip Code
33483Purpose of Disbursement
Donation

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

10000.00

Transaction ID : SB17.9215

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Florida Department of State

Mailing Address P. O. Box 6327

City
TallahasseeState
FLZip Code
32314Purpose of Disbursement
Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

10440.00

Transaction ID : SB17.9430

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

21001.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Fort Lauderdale Democratic Club

Mailing Address 115 S Andrews Ave #102

City
Fort LauderdaleState
FLZip Code
33301Purpose of Disbursement
Donation

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.9036

☐ Memo Item**B. Future Adventures**

Mailing Address 13020 SW 30th Ct

City
DavieState
FLZip Code
33330Purpose of Disbursement
Compliance Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

875.00

Transaction ID : SB17.9052

☐ Memo Item**C. Future Adventures**

Mailing Address 13020 SW 30th Ct

City
DavieState
FLZip Code
33330Purpose of Disbursement
Compliance Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

405.70

Transaction ID : SB17.9053

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

1580.70

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Future Adventures

Mailing Address 13020 SW 30th Ct

City
DavieState
FLZip Code
33330Purpose of Disbursement
Compliance Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

875.00

Transaction ID : SB17.9054

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Future Adventures

Mailing Address 13020 SW 30th Ct

City
DavieState
FLZip Code
33330Purpose of Disbursement
Compliance Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

875.00

Transaction ID : SB17.9055

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Future Adventures

Mailing Address 13020 SW 30th Ct

City
DavieState
FLZip Code
33330Purpose of Disbursement
Compliance Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

875.00

Transaction ID : SB17.9056

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

2625.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Future Adventures

Mailing Address 13020 SW 30th Ct

City
DavieState
FLZip Code
33330Purpose of Disbursement
Compliance Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

875.00

Transaction ID : SB17.9057

☐ Memo Item**B. Future Adventures**

Mailing Address 13020 SW 30th Ct

City
DavieState
FLZip Code
33330Purpose of Disbursement
Compliance Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

875.00

Transaction ID : SB17.9058

☐ Memo Item**C. Future Adventures**

Mailing Address 13020 SW 30th Ct

City
DavieState
FLZip Code
33330Purpose of Disbursement
Compliance Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		10		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1505.00

Transaction ID : SB17.9059

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

3255.00

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

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Future Adventures

Mailing Address 13020 SW 30th Ct

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2022

City
DavieState
FLZip Code
33330Purpose of Disbursement
Compliance ConsultingCategory/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

875.00

Transaction ID : SB17.9060

☐ Memo Item

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

B. Future Adventures

Mailing Address 13020 SW 30th Ct

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2022

City
DavieState
FLZip Code
33330Purpose of Disbursement
Compliance ConsultingCategory/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

1412.25

Transaction ID : SB17.9061

☐ Memo Item

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

C. Future Adventures

Mailing Address 13020 SW 30th Ct

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2022

City
DavieState
FLZip Code
33330Purpose of Disbursement
Compliance ConsultingCategory/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

875.00

Transaction ID : SB17.9062

☐ Memo Item

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

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

3162.25

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Future Adventures

Mailing Address 13020 SW 30th Ct

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2022

City
DavieState
FLZip Code
33330Purpose of Disbursement
Compliance ConsultingCategory/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

875.00

Transaction ID : SB17.9063

☐ Memo Item

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

B. Future Adventures

Mailing Address 13020 SW 30th Ct

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2022

City
DavieState
FLZip Code
33330Purpose of Disbursement
Compliance ConsultingCategory/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

875.00

Transaction ID : SB17.9064

☐ Memo Item

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

C. Future Adventures

Mailing Address 13020 SW 30th Ct

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2022

City
DavieState
FLZip Code
33330Purpose of Disbursement
Compliance ConsultingCategory/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

875.00

Transaction ID : SB17.9065

☐ Memo Item

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

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

2625.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. G-4 Consulting

Mailing Address 19485 SW 67TH Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2022

City
Pembroke PinesState
FLZip Code
33332Purpose of Disbursement
Campaign Consultant

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17.9126

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

B. G-4 Consulting

Mailing Address 19485 SW 67TH Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2022

City
Pembroke PinesState
FLZip Code
33332Purpose of Disbursement
Campaign Consultant

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17.9127

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

C. G-4 Consulting

Mailing Address 19485 SW 67TH Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		18		2022

City
Pembroke PinesState
FLZip Code
33332Purpose of Disbursement
Campaign Consultant

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17.9128

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

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

2100.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. G-4 Consulting

Mailing Address 19485 SW 67TH Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		24		2022

City
Pembroke PinesState
FLZip Code
33332Purpose of Disbursement
Campaign Consultant

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17.9129

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

B. G-4 Consulting

Mailing Address 19485 SW 67TH Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2022

City
Pembroke PinesState
FLZip Code
33332Purpose of Disbursement
Campaign Consultant

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17.9130

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

c. G-4 Consulting

Mailing Address 19485 SW 67TH Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2022

City
Pembroke PinesState
FLZip Code
33332Purpose of Disbursement
Campaign Consulting

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17.9131

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

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

2100.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. G-4 Consulting

Mailing Address 19485 SW 67TH Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2022

City
Pembroke PinesState
FLZip Code
33332Purpose of Disbursement
Campaign Consultant

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17.9132

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

B. Gallaway, Clint, , ,

Mailing Address 2831 Ave South

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2022

City
Riviera BeachState
FLZip Code
33404Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

646.00

Transaction ID : SB17.9167

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

c. Galloway, Clint, , ,

Mailing Address 2831 Ave South

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2022

City
Riviera BeachState
FLZip Code
33404Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

476.00

Transaction ID : SB17.9168

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

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

1822.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Gaspard, Bianca, , ,

Mailing Address 2911 NW 56th Ave #C1

City
LauderhillState
FLZip Code
33313Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		19		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.9180

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gaspard, Bianca, , ,

Mailing Address 2911 NW 56th Ave #C1

City
LauderhillState
FLZip Code
33313Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		26		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.9181

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Gaspard, Bianca, , ,

Mailing Address 2911 NW 56th Ave #C1

City
LauderhillState
FLZip Code
33313Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

425.00

Transaction ID : SB17.9182

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

1105.00

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Gaspard, Bianca, , ,

Mailing Address 2911 NW 56th Ave #C1

City
LauderhillState
FLZip Code
33313Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		10		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.9183

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gaspard, Bianca, , ,

Mailing Address 2911 NW 56th Ave #C1

City
LauderhillState
FLZip Code
33313Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		17		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

425.00

Transaction ID : SB17.9184

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Gaspard, Bianca, , ,

Mailing Address 2911 NW 56th Ave #C1

City
LauderhillState
FLZip Code
33313Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		17		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

425.00

Transaction ID : SB17.9185

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

1190.00

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Gaspard, Bianca, , ,

Mailing Address 2911 NW 56th Ave #C1

City
LauderhillState
FLZip Code
33313Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		24		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.9186

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gaspard, Bianca, , ,

Mailing Address 2911 NW 56th Ave #C1

City
LauderhillState
FLZip Code
33313Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.9187

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Gaspard, Bianca, , ,

Mailing Address 2911 NW 56th Ave #C1

City
LauderhillState
FLZip Code
33313Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.9188

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

935.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Gaspard, Bianca, , ,

Mailing Address 2911 NW 56th Ave #C1

City
LauderhillState
FLZip Code
33313Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		14		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.9189

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gaspard, Bianca, , ,

Mailing Address 2911 NW 56th Ave #C1

City
LauderhillState
FLZip Code
33313Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.9190

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Gaspard, Bianca, , ,

Mailing Address 2911 NW 56th Ave #C1

City
LauderhillState
FLZip Code
33313Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.9191

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

765.00

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Gose, Constance, , ,

Mailing Address 575 NE 5th Terrace #435

City
Fort LauderdaleState
FLZip Code
33301Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.9296

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gose, Constance, , ,

Mailing Address 575 NE 5th Terrace #435

City
Fort LauderdaleState
FLZip Code
33301Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		19		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

170.00

Transaction ID : SB17.9297

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gose, Constance, , ,

Mailing Address 575 NE 5th Terrace #435

City
Fort LauderdaleState
FLZip Code
33301Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.9298

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

680.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Gose, Constance, , ,

Mailing Address 575 NE 5th Terrace #435

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2022

City
Fort LauderdaleState
FLZip Code
33301Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

340.00

Transaction ID : SB17.9299

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

B. Grant, ZanoLee, , ,

Mailing Address 407 W Woodscape Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2022

City
MiramarState
FLZip Code
33023Purpose of Disbursement
Campaign Consultant

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

1250.00

Transaction ID : SB17.9241

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

c. Grant, ZanoLee, , ,

Mailing Address 407 W Woodscape Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2022

City
MiramarState
FLZip Code
33023Purpose of Disbursement
Campaign Consultant

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

1250.00

Transaction ID : SB17.9242

☐ Memo Item

State:

District:

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

2840.00

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

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Gray Robinson P.A.

Mailing Address 99 M Street SE Suite 725

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Legal

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

11836.00

Transaction ID : SB17.9425

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hartman, Manny, , ,

Mailing Address 3131 SW 16th Terrace

City
MiamiState
FLZip Code
33145Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.9201

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hartman, Manny, , ,

Mailing Address 3131 SW 16th Terrace

City
MiamiState
FLZip Code
33145Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.9202

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

12836.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Hartman, Manny, , ,

Mailing Address 3131 SW 16th Terrace

City
MiamiState
FLZip Code
33145Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.9203

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hartman, Manny, , ,

Mailing Address 3131 SW 16th Terrace

City
MiamiState
FLZip Code
33145Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		10		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.9204

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hartman, Manny, , ,

Mailing Address 3131 SW 16th Terrace

City
MiamiState
FLZip Code
33145Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.9205

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

1500.00

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Hartman, Manny, , ,

Mailing Address 3131 SW 16th Terrace

City
MiamiState
FLZip Code
33145Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.9206

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hartman, Manny, , ,

Mailing Address 3131 SW 16th Terrace

City
MiamiState
FLZip Code
33145Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		14		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.9207

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hartman, Manny, , ,

Mailing Address 3131 SW 16th Terrace

City
MiamiState
FLZip Code
33145Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.9208

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

2000.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Hartman, Manny, , ,

Mailing Address 3132 SW 16th Terrace

City
MiamiState
FLZip Code
33146Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

875.00

Transaction ID : SB17.9211

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hartman, Manny, , ,

Mailing Address 3131 SW 16th Terrace

City
MiamiState
FLZip Code
33145Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.9209

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Hartman, Manny, , ,

Mailing Address 3133 SW 16th Terrace

City
MiamiState
FLZip Code
33147Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

875.00

Transaction ID : SB17.9213

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

2250.00

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

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

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20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Human Scale Strategies LLC

Mailing Address 3493 NW 68th St

City
MiamiState
FLZip Code
33147Purpose of Disbursement
Phone Bank

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
05	11	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.9223

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Human Scale Strategies LLC

Mailing Address 3493 NW 68th St

City
MiamiState
FLZip Code
33147Purpose of Disbursement
Phone Bank

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
05	12	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.9224

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Image Plus Graphics

Mailing Address 1440 NE 131th Street

City
North MiamiState
FLZip Code
33161Purpose of Disbursement
Printing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
06	30	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

61392.00

Transaction ID : SB17.9089

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

71392.00

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Intercontinental Hotel

Mailing Address 1401 Pennsylvania Avenue Northwest

City
WashingtonState
DCZip Code
20004Purpose of Disbursement
Travel

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

4147.41

Transaction ID : SB17.9087

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Intercontinental Hotel

Mailing Address 1401 Pennsylvania Avenue Northwest

City
WashingtonState
DCZip Code
20004Purpose of Disbursement
Travel

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

3272.87

Transaction ID : SB17.9088

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Jacques, Leslie, , ,

Mailing Address 6699 Federal Highway

City
Boca RatonState
FLZip Code
33487Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		17		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.9314

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

8420.28

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Jacques, Leslie, , ,

Mailing Address 1650 S Dixie Hwy 3rd Floor

City
Boca RatonState
FLZip Code
33432Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.9095

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JETBLUE

Mailing Address 2701 Queen Plaza North

City
QueensState
NYZip Code
11101Purpose of Disbursement
Air Travel

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

35.00

Transaction ID : SB17.9165

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Jules, Guerda, , ,

Mailing Address 7331 Plantation Blvd

City
MiramarState
FLZip Code
33023Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

180.00

Transaction ID : SB17.9335

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

1715.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. King, Chailyn, , ,

Mailing Address 2908 SW 119th Way

City
MiramarState
FLZip Code
33025Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

425.00

Transaction ID : SB17.9170

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. King, Chailyn, , ,

Mailing Address 2908 SW 119th Way

City
MiramarState
FLZip Code
33025Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.9178

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Kings Point Democratic Club

Mailing Address 7620 N Nob Hill Rd

City
SunriseState
FLZip Code
33321Purpose of Disbursement
Donation

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		19		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

675.00

Transaction ID : SB17.9341

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

1440.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Krono Films

Mailing Address 12600 SW 5th Ct #415

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2022

City
Pembroke PinesState
FLZip Code
33027Purpose of Disbursement
Video Production

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.9044

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

B. Krono Films

Mailing Address 12600 SW 5th Ct #415

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2022

City
Pembroke PinesState
FLZip Code
33027Purpose of Disbursement
Video Production

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.9045

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

C. Krono Films

Mailing Address 12600 SW 5th Ct #415

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2022

City
Pembroke PinesState
FLZip Code
33027Purpose of Disbursement
Video Production

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

950.00

Transaction ID : SB17.9046

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

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

2550.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Krono Films

Mailing Address 12600 SW 5th Ct #415

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2022

City
Pembroke PinesState
FLZip Code
33027Purpose of Disbursement
Video ProductionCategory/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.9047

☐ Memo Item

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

B. Krono Films

Mailing Address 12600 SW 5th Ct #415

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2022

City
Pembroke PinesState
FLZip Code
33027Purpose of Disbursement
Video ProductionCategory/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

950.00

Transaction ID : SB17.9048

☐ Memo Item

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

C. Krono Films

Mailing Address 12600 SW 5th Ct #415

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2022

City
Pembroke PinesState
FLZip Code
33027Purpose of Disbursement
Video ProductionCategory/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

950.00

Transaction ID : SB17.9049

☐ Memo Item

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

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

2700.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Krono Films

Mailing Address 12600 SW 5th Ct #415

City
Pembroke PinesState
FLZip Code
33027Purpose of Disbursement
Video Production

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1750.00

Transaction ID : SB17.9050

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Krono Films

Mailing Address 12600 SW 5th Ct #415

City
Pembroke PinesState
FLZip Code
33027Purpose of Disbursement
Video Production

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17.9051

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LaBranche, Emmanuela, , ,

Mailing Address 551 NW 42nd Ave #709B

City
Fort LauderdaleState
FLZip Code
33317Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

607.75

Transaction ID : SB17.9291

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

3057.75

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Labranche, Emmanuella, , ,

Mailing Address 551 NW 42nd Ave #709B

City
Fort LauderdaleState
FLZip Code
33317Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

384.00

Transaction ID : SB17.9286

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Labranche, Emmanuella, , ,

Mailing Address 551 NW 42nd Ave #709B

City
Fort LauderdaleState
FLZip Code
33317Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

544.00

Transaction ID : SB17.9287

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Labranche, Emmanuella, , ,

Mailing Address 551 NW 42nd Ave #709B

City
Fort LauderdaleState
FLZip Code
33317Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

599.25

Transaction ID : SB17.9288

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

1527.25

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Labranche, Emmanuella, , ,

Mailing Address 551 NW 42nd Ave #709B

City
Fort LauderdaleState
FLZip Code
33317Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

476.00

Transaction ID : SB17.9289

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LaFauci, Karina, , ,

Mailing Address 925 NW 199th Terr

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

262.50

Transaction ID : SB17.9395

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LaFauci, Karina, , ,

Mailing Address 925 NW 199th Terr

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		18		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

247.50

Transaction ID : SB17.9396

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

986.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. LaFauci, Karina, , ,

Mailing Address 925 NW 199th Terr

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		18		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

247.50

Transaction ID : SB17.9397

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LaFauci, Karina, , ,

Mailing Address 925 NW 199th Terr

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

82.50

Transaction ID : SB17.9398

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LaFauci, Karina, , ,

Mailing Address 925 NW 199th Terr

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		24		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

82.50

Transaction ID : SB17.9399

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

412.50

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. LaFauci, Karina, , ,

Mailing Address 925 NW 199th Terr

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

150.00

Transaction ID : SB17.9400

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LaFauci, Karina, , ,

Mailing Address 925 NW 199th Terr

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		14		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

165.00

Transaction ID : SB17.9401

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LaFauci, Karina, , ,

Mailing Address 925 NW 199th Terr

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

240.00

Transaction ID : SB17.9402

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

555.00

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. LeBlanc, Johanna, , ,

Mailing Address 5911 Edsall Rd Apt 1106

City
AlexandriaState
VAZip Code
22304Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1562.00

Transaction ID : SB17.9301

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lounge, Rosebar, , ,

Mailing Address 1215 Connecticut Ave NW

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Food for Staff

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

541.99

Transaction ID : SB17.9040

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Mail Chimp

Mailing Address 675 Ponce De Leon Ave #5000

City
AtlantaState
GAZip Code
30308Purpose of Disbursement
Software

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

90.00

Transaction ID : SB17.9315

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

2193.99

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Mail Chimp

Mailing Address 675 Ponce De Leon Ave #5000

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2022

City
AtlantaState
GAZip Code
30308Purpose of Disbursement
Software

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

90.00

Transaction ID : SB17.9316

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

B. Mann, Kenyall, , ,

Mailing Address 727 W Tiffany Dr #3

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2022

City
Mangonia ParkState
FLZip Code
33407Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

240.00

Transaction ID : SB17.9329

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

C. Mann, Kenyall, , ,

Mailing Address 727 W Tiffany Dr #3

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2022

City
Mangonia ParkState
FLZip Code
33407Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

240.00

Transaction ID : SB17.9330

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

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

570.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Mann, Kenyall, , ,

Mailing Address 727 W Tiffany Dr #3

City
Mangonia ParkState
FLZip Code
33407Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

240.00

Transaction ID : SB17.9331

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. McCormick, Twana, , ,

Mailing Address 4593 SW 132nd Ave

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

950.00

Transaction ID : SB17.9262

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. McCormick, Twana, , ,

Mailing Address 4593 SW 132nd Ave

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

2668.00

Transaction ID : SB17.9263

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

3858.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. McCormick, Twana, , ,

Mailing Address 4593 SW 132nd Ave

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
04	26	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

4558.00

Transaction ID : SB17.9264

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. McCormick, Twana, , ,

Mailing Address 4593 SW 132nd Ave

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
05	03	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1900.00

Transaction ID : SB17.9265

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. McCormick, Twana, , ,

Mailing Address 4593 SW 132nd Ave

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
05	11	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

950.00

Transaction ID : SB17.9266

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

7408.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. McCormick, Twana, , ,

Mailing Address 4593 SW 132nd Ave

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
05	11	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

950.00

Transaction ID : SB17.9267

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. McCormick, Twana, , ,

Mailing Address 4593 SW 132nd Ave

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
05	18	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

950.00

Transaction ID : SB17.9268

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. McCormick, Twana, , ,

Mailing Address 4593 SW 132nd Ave

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
05	25	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

2958.00

Transaction ID : SB17.9269

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

4858.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. McCormick, Twana, , ,

Mailing Address 4593 SW 132nd Ave

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

950.00

Transaction ID : SB17.9270

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. McCormick, Twana, , ,

Mailing Address 4593 SW 132nd Ave

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1658.00

Transaction ID : SB17.9272

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. McCormick, Twana, , ,

Mailing Address 4593 SW 132nd Ave

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

950.00

Transaction ID : SB17.9273

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

3558.00

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. McCormick, Twana, , ,

Mailing Address 4593 SW 132nd Ave

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

950.00

Transaction ID : SB17.9274

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. McCormick, Twana, , ,

Mailing Address 4593 SW 132nd Ave

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

975.00

Transaction ID : SB17.9275

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Mitchell Ceasar P.A.

Mailing Address 8181 West Broward Blvd Suite 370

City
PlantationState
FLZip Code
33324Purpose of Disbursement
Legal

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

6000.00

Transaction ID : SB17.9354

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

7925.00

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

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Mitchell Ceasar P.A.

Mailing Address 8181 West Broward Blvd Suite 370

Date of Disbursement

M M	D D	Y Y Y Y
06	03	2022

City
PlantationState
FLZip Code
33324Purpose of Disbursement
Legal

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

6000.00

Transaction ID : SB17.9353

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

B. MI Vida Mexico

Mailing Address 98 District Square SW

Date of Disbursement

M M	D D	Y Y Y Y
06	03	2022

City
WashingtonState
DCZip Code
20024Purpose of Disbursement
Food for Staff

FEC Identification Number

C

Amount of Each Disbursement this Period

587.40

Transaction ID : SB17.9423

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

c. Mouscandy, Guery, , ,

Mailing Address 2140 N Sherman Circle Apt#205

Date of Disbursement

M M	D D	Y Y Y Y
06	27	2022

City
MiramarState
FLZip Code
33025Purpose of Disbursement
Wages

FEC Identification Number

C

Amount of Each Disbursement this Period

607.75

Transaction ID : SB17.9146

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

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

7195.15

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

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Mouscardy, Guercy, , ,

Mailing Address 2140 N. Sherman Circle #205

City
MiramarState
FLZip Code
33025Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

176.00

Transaction ID : SB17.9149

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mouscardy, Guercy, , ,

Mailing Address 2140 N. Sherman Circle #205

City
MiramarState
FLZip Code
33025Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		18		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

384.00

Transaction ID : SB17.9150

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Mouscardy, Guercy, , ,

Mailing Address 2140 N. Sherman Circle #205

City
MiramarState
FLZip Code
33025Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		18		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

384.00

Transaction ID : SB17.9151

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

944.00

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

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Mouscardy, Guercy, , ,

Mailing Address 2140 N. Sherman Circle #205

City
MiramarState
FLZip Code
33025Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

544.00

Transaction ID : SB17.9152

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mouscardy, Guercy, , ,

Mailing Address 2140 N. Sherman Circle #205

City
MiramarState
FLZip Code
33025Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

599.25

Transaction ID : SB17.9153

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Mouscardy, Guercy, , ,

Mailing Address 2140 N. Sherman Circle #205

City
MiramarState
FLZip Code
33025Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

476.00

Transaction ID : SB17.9154

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

1619.25

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Murray, Alexis, , ,

Mailing Address 2908 sw 119th way

City
MiramarState
FLZip Code
33025Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

425.00

Transaction ID : SB17.9172

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Murray, Alexis, , ,

Mailing Address 2908 sw 119th way

City
MiramarState
FLZip Code
33025Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

425.00

Transaction ID : SB17.9173

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Murray, Alexis, , ,

Mailing Address 2908 sw 119th way

City
MiramarState
FLZip Code
33025Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.9177

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

1105.00

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Newsone, Wayne, , ,

Mailing Address 2025 Southeast Lennard Rd #203

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

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

646.00

Transaction ID : SB17.9135

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Newsone, Wayne, , ,

Mailing Address 2025 Southeast Lennard Rd #203

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

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

476.00

Transaction ID : SB17.9136

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Newsone, Wayne, , ,

Mailing Address 2025 Southeast Lennard Rd #203

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

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

476.00

Transaction ID : SB17.9137

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

1598.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Newsone, Wayne, , ,

Mailing Address 2025 Southeast Lennard Rd #203

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2022

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

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.9138

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

B. NICOLE WHITE LLC

Mailing Address 20005 NE 3rd Ct #5

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2022

City
MiamiState
FLZip Code
33179Purpose of Disbursement
Advertising

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

5373.88

Transaction ID : SB17.9133

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

c. Payout, Jude, , ,

Mailing Address 18612 SW 41st Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		10		2022

City
MiramarState
FLZip Code
33029Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

274.00

Transaction ID : SB17.9113

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

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

5987.88

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Payout, Jude, , ,

Mailing Address 18612 SW 41st Street

City
MiramarState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

197.19

Transaction ID : SB17.9114

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Payout, Jude, , ,

Mailing Address 18612 SW 41st Street

City
MiramarState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

321.93

Transaction ID : SB17.9115

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Payout, Jude, , ,

Mailing Address 18612 SW 41st Street

City
MiramarState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

385.92

Transaction ID : SB17.9116

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

905.04

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Payout, Jude, , ,

Mailing Address 18612 SW 41st Street

City
MiramarState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.9117

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Payout, Jude, , ,

Mailing Address 18612 SW 41st Street

City
MiramarState
FLZip Code
33029Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1692.77

Transaction ID : SB17.9118

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PBCDP

Mailing Address 220 Congress Park Dr

City
Delray BeachState
FLZip Code
33445Purpose of Disbursement
Donation

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1400.00

Transaction ID : SB17.9156

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

8092.77

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Pompano Strong

Mailing Address 43 S Powerline Rd. #268

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2022

City
Pompano BeachState
FLZip Code
33069Purpose of Disbursement
Donation

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.9244

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

B. Powell, Khamal, , ,

Mailing Address 2908 sw 119th way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2022

City
MiramarState
FLZip Code
33025Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

425.00

Transaction ID : SB17.9175

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

C. Powell, Khamal, , ,

Mailing Address 2908 sw 119th way

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2022

City
MiramarState
FLZip Code
33025Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

425.00

Transaction ID : SB17.9176

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

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

3850.00

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Powell, Khamal, , ,

Mailing Address 2908 sw 119th way

City
MiramarState
FLZip Code
33025Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.9179

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Rivera, Ryan, , ,

Mailing Address 1387 NW 80th Terrace #1387

City
PlantationState
FLZip Code
33322Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

450.00

Transaction ID : SB17.9085

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Robertson, Jerry, , ,

Mailing Address 825 29th Street

City
West Palm BeachState
FLZip Code
33407Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

646.00

Transaction ID : SB17.9355

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

1436.00

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

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

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20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Robertson, Jerry, , ,

Mailing Address 825 29th Street

City
West Palm BeachState
FLZip Code
33407Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

493.00

Transaction ID : SB17.9356

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robertson, Jerry, , ,

Mailing Address 825 29th Street

City
West Palm BeachState
FLZip Code
33407Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.9357

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Rodriguez, Marilyn, , ,

Mailing Address 9326 NW 9th Ave

City
PlantationState
FLZip Code
33324Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.9403

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

1173.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Rodriguez, Marilyn, , ,

Mailing Address 9326 NW 9th Ave

City
PlantationState
FLZip Code
33324Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.9404

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Rodriguez, Marilyn, , ,

Mailing Address 9326 NW 9th Ave

City
PlantationState
FLZip Code
33324Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		19		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.9405

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Rodriguez, Marilyn, , ,

Mailing Address 9326 NW 9th Ave

City
PlantationState
FLZip Code
33324Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.9406

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

935.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Rodriguez, Marilyn, , ,

Mailing Address 9326 NW 9th Ave

City
PlantationState
FLZip Code
33324Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.9407

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Rodriguez, Marilyn, , ,

Mailing Address 9326 NW 9th Ave

City
PlantationState
FLZip Code
33324Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.9408

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Rodriguez, Marilyn, , ,

Mailing Address 9326 NW 9th Ave

City
PlantationState
FLZip Code
33324Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.9409

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

1020.00

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

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Rodriguez, Marilyn, , ,

Mailing Address 9326 NW 9th Ave

City
Plantation

State
FL

Zip Code
33324

Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 19 / 2022

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.9410

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Rodriguez, Marilyn, , ,

Mailing Address 9326 NW 9th Ave

City
Plantation

State
FL

Zip Code
33324

Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 01 / 2022

FEC Identification Number

C

Amount of Each Disbursement this Period

595.00

Transaction ID : SB17.9411

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Rodriguez, Marilyn, , ,

Mailing Address 9326 NW 9th Ave

City
Plantation

State
FL

Zip Code
33324

Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 16 / 2022

FEC Identification Number

C

Amount of Each Disbursement this Period

340.00

Transaction ID : SB17.9412

☐ Memo Item

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

1190.00

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Rodriguez, Marilyn, , ,

Mailing Address 9326 NW 9th Ave

City
PlantationState
FLZip Code
33324Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.9413

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Rodriguez, Marilyn, , ,

Mailing Address 9326 NW 9th Ave

City
PlantationState
FLZip Code
33324Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

255.00

Transaction ID : SB17.9414

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Romeu, Jeffrey, , ,

Mailing Address 9055 SW 73rd Court

City
MiamiState
FLZip Code
33156Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.9381

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

1310.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Romeu, Jeffrey, , ,

Mailing Address 9055 SW 73rd Court

City
MiamiState
FLZip Code
33156Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		13		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.9382

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Romeu, Jeffrey, , ,

Mailing Address 9055 SW 73rd Court

City
MiamiState
FLZip Code
33156Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		17		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

3950.00

Transaction ID : SB17.9383

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Romeu, Jeffrey, , ,

Mailing Address 9055 SW 73rd Court

City
MiamiState
FLZip Code
33156Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		27		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.9384

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

8250.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Romeu, Jeffrey, , ,

Mailing Address 9055 SW 73rd Court

City
MiamiState
FLZip Code
33156Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		03		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.9385

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Romeu, Jeffrey, , ,

Mailing Address 9055 SW 73rd Court

City
MiamiState
FLZip Code
33156Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		10		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.9386

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Romeu, Jeffrey, , ,

Mailing Address 9055 SW 73rd Court

City
MiamiState
FLZip Code
33156Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		17		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

3850.00

Transaction ID : SB17.9387

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

5450.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Romeu, Jeffrey, , ,

Mailing Address 9055 SW 73rd Court

City
MiamiState
FLZip Code
33156Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.9388

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Romeu, Jeffrey, , ,

Mailing Address 9055 SW 73rd Court

City
MiamiState
FLZip Code
33156Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.9389

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Romeu, Jeffrey, , ,

Mailing Address 9055 SW 73rd Court

City
MiamiState
FLZip Code
33156Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		14		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

875.00

Transaction ID : SB17.9390

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

2475.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Romeu, Jeffrey, , ,

Mailing Address 9055 SW 73rd Court

City
MiamiState
FLZip Code
33156Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.9391

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Romeu, Jeffrey, , ,

Mailing Address 9055 SW 73rd Court

City
MiamiState
FLZip Code
33156Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.9392

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Romeu, Jeffrey, , ,

Mailing Address 9055 SW 73rd Court

City
MiamiState
FLZip Code
33156Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

1600.00

Transaction ID : SB17.9393

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

3200.00

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

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. SALE BROADCAST BEAT

Mailing Address 555 S Dixie Hwy E

Date of Disbursement

M M	D D	Y Y Y Y
05	24	2022

City
Pompano BeachState
FLZip Code
33060Purpose of Disbursement
Advertising

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2350.00

Transaction ID : SB17.9293

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

B. Santo, Giovanna, , ,

Mailing Address 16760 SW 36th Court

Date of Disbursement

M M	D D	Y Y Y Y
06	24	2022

City
MiramarState
FLZip Code
33027Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

135.00

Transaction ID : SB17.9098

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

c. Seguin, Sophia, , ,

Mailing Address 9410 NW 8th Street

Date of Disbursement

M M	D D	Y Y Y Y
04	26	2022

City
Pembroke PinesState
FLZip Code
33024Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

262.50

Transaction ID : SB17.9416

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

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

2747.50

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

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Seguin, Sophia, , ,

Mailing Address 9410 NW 8th Street

City
Pembroke PinesState
FLZip Code
33024Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

150.00

Transaction ID : SB17.9417

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Seguin, Sophia, , ,

Mailing Address 9410 NW 8th Street

City
Pembroke PinesState
FLZip Code
33024Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

120.00

Transaction ID : SB17.9418

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Seguin, Sophia, , ,

Mailing Address 9410 NW 8th Street

City
Pembroke PinesState
FLZip Code
33024Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

127.50

Transaction ID : SB17.9419

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

397.50

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

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Seguin, Sophia, , ,

Mailing Address 9410 NW 8th Street

City
Pembroke PinesState
FLZip Code
33024Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

165.00

Transaction ID : SB17.9420

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Seguin, Sophia, , ,

Mailing Address 9410 NW 8th Street

City
Pembroke PinesState
FLZip Code
33024Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

240.00

Transaction ID : SB17.9421

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Shields, Denise, , ,

Mailing Address 1232 Golfside Drive

City
Winter ParkState
FLZip Code
32792Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

240.00

Transaction ID : SB17.9041

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

645.00

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Shontel Brown for Congress

Mailing Address 2344 Rayburn HOB.

City
WashingtonState
DCZip Code
20515Purpose of Disbursement
Donation

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.9158

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sky Administration Inc.

Mailing Address 401 N Rosemary Ave

City
West Palm BeachState
FLZip Code
33401Purpose of Disbursement
Rent

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2175.00

Transaction ID : SB17.9235

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Sky Administration Inc.

Mailing Address 401 N Rosemary Ave

City
West Palm BeachState
FLZip Code
33401Purpose of Disbursement
Rent

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

2175.00

Transaction ID : SB17.9236

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

9350.00

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Sky Administration Inc.

Mailing Address 401 N Rosemary Ave

City
West Palm BeachState
FLZip Code
33401Purpose of Disbursement
Rent

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
06	29	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

2175.00

Transaction ID : SB17.9237

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SQUARESPACE INC.

Mailing Address Eight Clarkson St 12th Floor

City
New YorkState
NYZip Code
10014Purpose of Disbursement
Advertising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
04	15	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

20.00

Transaction ID : SB17.9426

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SQUARESPACE INC.

Mailing Address Eight Clarkson St 12th Floor

City
New YorkState
NYZip Code
10014Purpose of Disbursement
Advertising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
05	20	2022

FEC Identification Number

C

Amount of Each Disbursement this Period

144.00

Transaction ID : SB17.9427

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

2339.00

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. SQUARESPACE INC.

Mailing Address Eight Clarkson St 12th Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		25		2022

City
New YorkState
NYZip Code
10014Purpose of Disbursement
Software

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

312.00

Transaction ID : SB17.9428

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

B. St.Fleur, Betina, , ,

Mailing Address 4400 Coral Springs Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		13		2022

City
Coral SpringsState
FLZip Code
33065Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

198.00

Transaction ID : SB17.9247

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

c. St. Fleur, Betina, Fleur, ,

Mailing Address 4400 Coral Springs Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2022

City
Coral SpringsState
FLZip Code
33065Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

432.00

Transaction ID : SB17.9249

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

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

942.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. St. Fleur, Betina, Fleur, ,

Mailing Address 4400 Coral Springs Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2022

City
Coral SpringsState
FLZip Code
33065Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

540.00

Transaction ID : SB17.9250

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

B. St. Fleur, Betina, Fleur, ,

Mailing Address 4400 Coral Springs Drive

Date of Disbursement

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

City
Coral SpringsState
FLZip Code
33065Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

665.00

Transaction ID : SB17.9251

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

c. St. Fleur, Betina, Fleur, ,

Mailing Address 4400 Coral Springs Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2022

City
Coral SpringsState
FLZip Code
33065Purpose of Disbursement
Wages

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

532.00

Transaction ID : SB17.9252

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

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

1737.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. St. Fleur, Betina, Fleur, ,

Mailing Address 4400 Coral Springs Drive

City
Coral SpringsState
FLZip Code
33065Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

536.75

Transaction ID : SB17.9253

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stonewall Pride LGB

Mailing Address 2435 N Dixie Highway

City
Wilton ManorsState
FLZip Code
33305Purpose of Disbursement
Donation

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

625.00

Transaction ID : SB17.9162

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TRUIST

Mailing Address 3401 N Pine Island Rd

City
SunriseState
FLZip Code
33351Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17.9222

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

1361.75

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Unique Creations by Liz

Mailing Address 18413 NW 12 STREET

City
Pembroke PinesState
FLZip Code
33029Purpose of Disbursement
Advertising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		08		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.9107

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Vereen, Wayne, , ,

Mailing Address 2420 NW 7th St.

City
Pompano BeachState
FLZip Code
33069Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

680.00

Transaction ID : SB17.9159

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Vereen, Wayne, , ,

Mailing Address 2420 NW 7th St.

City
Pompano BeachState
FLZip Code
33069Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2022

FEC Identification Number

C

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.9160

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

1330.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Web Elect

Mailing Address 10150 Highland Manor Dr #200

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2022

City
TampaState
FLZip Code
33610Purpose of Disbursement
SoftwareCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

559.00

Transaction ID : SB17.9020

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Web Elect

Mailing Address 10150 Highland Manor Dr #200

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2022

City
TampaState
FLZip Code
33610Purpose of Disbursement
SoftwareCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.9021

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Web Elect

Mailing Address 10150 Highland Manor Dr #200

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		24		2022

City
TampaState
FLZip Code
33610Purpose of Disbursement
SoftwareCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

559.00

Transaction ID : SB17.9022

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

1618.00

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

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

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Web Elect

Mailing Address 10150 Highland Manor Dr #200

Date of Disbursement

M M	D D	Y Y Y Y
06	23	2022

City
TampaState
FLZip Code
33610Purpose of Disbursement
SoftwareCategory/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

991.00

Transaction ID : SB17.9023

☐ Memo Item

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

B. Web Elect

Mailing Address 10150 Highland Manor Dr #200

Date of Disbursement

M M	D D	Y Y Y Y
06	23	2022

City
TampaState
FLZip Code
33610Purpose of Disbursement
SoftwareCategory/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

991.00

Transaction ID : SB17.9024

☐ Memo Item

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

c. Weston Smith

Mailing Address 6360 SW 41st Place

Date of Disbursement

M M	D D	Y Y Y Y
04	14	2022

City
DavieState
FLZip Code
33314Purpose of Disbursement
Radio BuyCategory/
Type

FEC Identification Number

C

Amount of Each Disbursement this Period

750.00

Transaction ID : SB17.9309

☐ Memo Item

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

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

2732.00

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

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. Weston Smith

Mailing Address 6360 SW 41st Place

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2022

City
DavieState
FLZip Code
33314Purpose of Disbursement
Radio Buy

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.9310

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

B. Yacht Star Ship

Mailing Address 603 Channelside Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2022

City
TampaState
FLZip Code
33602Purpose of Disbursement
Venue for Event

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.9307

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼ Pccyy

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

Purpose of Disbursement

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

2500.00

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

366759.03

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

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NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)

A. CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address 18612 SW 41ST STREET

Date of Disbursement

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

City
MIRAMARState
FLZip Code
33029

FEC Identification Number

C C00677492

Purpose of Disbursement
Loan repaymentCategory/
Type

Amount of Each Disbursement this Period

400000.00

Transaction ID : SB19A.9473

☐ Memo ItemCandidate Name
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 20

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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

400000.00

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

400000.00

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

PAGE 150 OF 234

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4114

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 03^M /D 15^D /

Y 2020 Y

M M /

D D /

Y 9/1/2020 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

50000.00

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

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

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

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6487

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2020

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 20 D

Y 2021 Y

M M

D D

Y 01/13/2023 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

5000.00

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

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

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

PAGE 152 OF 234

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6488

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 26 D

Y 2021 Y

M M

D D

Y 01/13/2023 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

5000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6489

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

7.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

7.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 01 D

Y 2021 Y

M M

D D

Y 01/13/2023 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

7.00

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

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

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

PAGE 154 OF 234

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6490

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 06 M

D 01 D

Y 2021 Y

M M

D D

Y 01/13/2023 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

100000.00

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

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

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

PAGE 155 OF 234

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6491

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

200000.00

Cumulative Payment To Date

2019568.50

Balance Outstanding at Close of This Period

- 1819568.50

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M /

D 14 D /

Y 2021 Y

M M /

D D /

Y 01/13/2023 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

- 1819568.50

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.6492

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

2000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 24 D

Y 2021 Y

M M

D D

Y 01/13/2023 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

2000000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7308

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 07^MD 08^DY 2021^Y

M M

D D

Y 12/31/2025^Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

5000.00

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

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

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

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7309

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 07 M /

D 12 D /

Y 2021 Y

M M /

D D /

Y 12/31/2025 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

25000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7310

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 07^M /D 14^D /Y 2021^Y

M M /

D D /

Y 12/31/2025^Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

25000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 160 OF 234

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7311

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

150000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

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

M M /

D D /

Y 12/31/2025^Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

150000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7312

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

45000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

45000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

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

M M /

D D /

Y 12/31/2025^Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

45000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7313

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

60000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

60000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M

D 02 D

Y 2021 Y

M M

D D

Y 12/31/2025 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

60000.00

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

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

SCHEDULE C (FEC Form 3)
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Use separate schedule(s)
for each category of the
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(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7314

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

22368.38

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

22368.38

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M /

D 05 D /

Y 2021 Y

M M /

D D /

Y 12/31/2025 Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

22368.38

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7315

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M

D 09 D

Y 2021 Y

M M

D D

Y 12/31/2025 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

50000.00

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

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

SCHEDULE C (FEC Form 3)
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Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7316

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M

D 17 D

Y 2021 Y

M M

D D

Y 12/31/2025 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

10000.00

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

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

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

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7317

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 08 M

D 18 D

Y 2021 Y

M M

D D

Y 12/31/2025 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

20000.00

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

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7318

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M

D 19 D

Y 2021 Y

M M

D D

Y 12/31/25 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

40000.00

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

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
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Detailed Summary Page

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7319

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

52700.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

52700.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 08 M

D 23 D

Y 2021 Y

M M

D D

Y 12/31/25 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

52700.00

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

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

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LOANS

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Use separate schedule(s)
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(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7320

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M /

D 25 D /

Y 2021 Y

M M /

D D /

Y 12/31/25 Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

20000.00

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

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7321

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

23000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

23000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M

D 31 D

Y 2021 Y

M M

D D

Y 12/31/25 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

23000.00

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

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7322

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 01 D

Y 2021 Y

M M

D D

Y 12/31/25 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

50000.00

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

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

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LOANS

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7323

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

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

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

75000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

75000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 03 D

Y 2021 Y

M M

D D

Y 12/31/25 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

75000.00

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

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

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

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7324

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

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

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M /

D 03 D /

Y 2021 Y

M M /

D D /

Y 12/31/25 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

20000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7325

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 15 D

Y 2021 Y

M M

D D

Y 12/31/25 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

100000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7326

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 21 D

Y 2021 Y

M M

D D

Y 12/31/25 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

30000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 176 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7327

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 09 M

D 22 D

Y 2021 Y

M M

D D

Y 12/31/25 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

30000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 177 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7328

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

126101.63

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

126101.63

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 23 D

Y 2021 Y

M M

D D

Y 12/31/25 Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

126101.63

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 178 OF 234

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7329

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 24 D

Y 2021 Y

M M

D D

Y 12/31/25 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

30000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 179 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7330

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

94587.93

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

94587.93

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 09 M

D 27 D

Y 2021 Y

M M

D D

Y 12/30/25 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

94587.93

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 180 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7331

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

60000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

60000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M /

D 01 D /

Y 2021 Y

M M /

D D /

Y 12/31/25 Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

60000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 181 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7332

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M /

D 04 D /

Y 2021 Y

M M /

D D /

Y 12/31/25 Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ➤

50000.00

TOTALS This Period (last page in this line only) ➤

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 182 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7333

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

18000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

18000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M /

D 05 D /

Y 2021 Y

M M /

D D /

Y 12/31/25 Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

18000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 183 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7334

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M /

D 07 D /

Y 2021 Y

M M /

D D /

Y 12/31/25 Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

20000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 184 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7335

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

152000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

152000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M /

D 08 D /

Y 2021 Y

M M /

D D /

Y 12/31/25 Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

152000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 185 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8175

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-General

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M /

D 15 D /

Y 2021 Y

M M /

D D /

Y 12/31/2024 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

40000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 186 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8176

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-General

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

211000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

211000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10^MD 18^D

Y 2021 Y

M M

D D

Y 12/31/2024 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

211000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 187 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7338

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

341000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

341000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M /

D 23 D /

Y 2021 Y

M M /

D D /

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

341000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 188 OF 234

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7341

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

341000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

341000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10^MD 23^DY 2021^Y

M M

D D

Y 12/31/2023^Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

341000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 189 OF 234

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7339

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-Primary

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

341000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

341000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M /

D 25 D /

Y 2021 Y

M M /

D D /

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

341000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 190 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7344

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
11/2/2021

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

341000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

341000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M /

D 25 D /

Y 2021 Y

M M /

D D /

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

341000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 191 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8177

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-General

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

90000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

90000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M /

D 25 D /

Y 2021 Y

M M /

D D /

Y 12/31/2024 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

90000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 192 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8179

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-General

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10^MD 28^D

Y 2021 Y

M M

D D

Y 12/31/2024 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

50000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 193 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8180

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-General

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

290000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

290000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 11 M /

D 04 D /

Y 2021 Y

M M /

D D /

Y 12/31/2024 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

290000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 194 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8181

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-General

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

105000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

105000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 12^MD 02^DY 2021^Y

M M

D D

Y 12/31/2024^Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

105000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 195 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8182

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-General

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 12^MD 13^DY 2021^Y

M M

D D

Y 12/31/2024^Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

40000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 196 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8184

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
Special-General

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

70000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

70000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M

D 09 D

Y 2022 Y

M M

D D

Y 12/31/2024 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

70000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 197 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8185

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 01 M

D 18 D

Y 2022 Y

M M

D D

Y 12/31/2024 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

10000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8186

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M

D 19 D

Y 2022 Y

M M

D D

Y 12/31/2024 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

20000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 199 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8187

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 M

D 20 D

Y 2022 Y

M M

D D

Y 12/31/2024 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

15000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 200 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8873

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 02 M /

D 01 D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

25000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 201 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8874

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 02 M

/ D 09 D

/ Y 2022 Y

M M

/ D D

/ Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

30000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 202 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8875

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 02 / D 14 / Y 2022

M M / D D / Y 12/31/2023

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

10000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 203 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8876

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 02 /

D 15 /

Y 2022 /

M M /

D D /

Y 12/31/2023 /

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 204 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8877

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

35000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

35000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 02 M /

D 17 D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

35000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 205 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8878

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M /

D 01 D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

5000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 206 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8879

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

37000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

37000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 03 M

D 03 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

37000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 207 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8880

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 03^M /D 18^D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

20000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 208 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8881

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03^M /D 25^D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

5000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 209 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.8882

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

400000.00

Cumulative Payment To Date

400000.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 03 M

D 31 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

0.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 210 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9443

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

5500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M /

D 01 D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

5500.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 211 OF 234

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9444

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

400.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

400.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 04 M /

D 01 D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

400.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 212 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9446

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

9170.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

9170.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M /

D 12 D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

9170.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 213 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9447

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M /

D 25 D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

10000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 214 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9448

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 05 M

D 11 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

10000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 215 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9449

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 13 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 216 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9450

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 13 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 217 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9451

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

21836.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

21836.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 19 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

21836.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 218 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9452

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

2765.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2765.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M

D 26 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

2765.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 219 OF 234

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9453

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M /

D 31 D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

5000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 220 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9454

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 05 M /

D 31 D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

10000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 221 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9455

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

D 03 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

5000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 222 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9456

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

6000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

6000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 /

D 07 /

Y 2022 /

M M /

D D /

Y 12/31/2023 /

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

6000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 223 OF 234

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9457

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

11444.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

11444.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 06 /

D 10 /

Y 2022 /

M M /

D D /

Y 12/31/2023 /

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

11444.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 224 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9458

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

6000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

6000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M /

D 13 D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

6000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 225 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9459

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

8500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

8500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M /

D 14 D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

8500.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 226 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9461

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

4000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M /

D 17 D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

4000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 227 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9462

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M /

D 21 D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

5000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 228 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9463

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 06 M /

D 21 D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

25000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 229 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9464

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

17000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

17000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 06 M /

D 24 D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

17000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 230 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9465

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 06 /

D 27 /

Y 2022 /

M /

D /

Y 12/31/2023 /

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

10000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 231 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9466

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

12000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

12000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 06 M /

D 28 D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

12000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 232 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9467

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

15500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15500.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 06 M /

D 28 D /

Y 2022 Y

M M /

D D /

Y 12/31/2022 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

15500.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 233 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9469

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

62000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

62000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M /

D 29 D /

Y 2022 Y

M M /

D D /

Y 12/31/2023 Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

62000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 234 OF 234

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9470

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

18612 SW 41ST STREET

City

MIRAMAR

State

FL

ZIP Code

33029

☒ Personal Funds of the Candidate

Original Amount of Loan

12000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

12000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 06 M

D 30 D

Y 2022 Y

M M

D D

Y 12/31/2023 Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

12000.00

TOTALS This Period (last page in this line only).....▶

4493311.44

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.