FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

ADDRESS (number and street) ▼

6151 MIRAMAR PKWY

SUITE 101

☐ Check if different than previously reported. (ACC)

MIRAMAR (CITY ▲) FL (STATE ▲) 33023 – (ZIP CODE ▲)

2. **FEC IDENTIFICATION NUMBER ▼**

C C00677492

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

STATE ▼ FL DISTRICT 20

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

☐ Primary (12P) ☒ General (12G) ☐ Runoff (12R)

☐ Convention (12C) ☐ Special (12S)

Election on MM 11 / DD 08 / YYYY 2022 in the State of FL

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

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

Election on MM / DD / YYYY in the State of

5. Covering Period MM 10 / DD 01 / YYYY 2022 through MM 10 / DD 19 / YYYY 2022

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

Type or Print Name of Treasurer AINA, OLUBISI, , Dr.,

Signature of Treasurer *AINA, OLUBISI, , Dr.,* ***[Electronically Filed]*** Date MM 10 / DD 27 / YYYY 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

Write or Type Committee Name
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Report Covering the Period: From: MM 10 / DD 01 / YYYY 2022 To: MM 10 / DD 19 / YYYY 2022

	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))	27552.44	294747.59
(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))	27552.44	294747.59
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	37118.92	1456257.66
(b) Total Offsets to Operating Expenditures (from Line 14).....	565.00	4868.67
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	36553.92	1451388.99
8. Cash on Hand at Close of Reporting Period (from Line 27).....	4496.56	
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)	3848131.44	

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

FEC **Form 3** (Revised 05/2016)

Write or Type Committee Name

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Report Covering the Period: From: 10 / 01 / 2022 To: 10 / 19 / 2022

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)	13052.44	129195.98
(ii) Unitemized	0.00	5703.74
(iii) TOTAL of contributions from individuals ▶	13052.44	134899.72
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	14500.00	159847.87
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	27552.44	294747.59
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS: (a) Made or Guaranteed by the Candidate	0.00	1541935.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	1541935.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	565.00	4868.67
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	28117.44	1841551.26

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3** (Revised 05/2016)

II. DISBURSEMENTS

	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	37118.92	1456257.66
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	400000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	400000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	37118.92	1856257.66

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	13498.04
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	28117.44
25. SUBTOTAL (add Line 23 and Line 24)	41615.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	37118.92
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	4496.56

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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

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

A.
Full Name (Last, First, Middle Initial): Alexandre, Jean, , ,
Mailing Address: 507 Sauk Path
City: Oak Brook | State: IL | Zip Code: 60523
FEC ID number of contributing federal political committee.: C
Name of Employer: Not Employed
Occupation: Not Employed
Receipt For: 2022
[ ] Primary [x] General
[ ] Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 10 / 16 / 2022
Transaction ID : SA11AI.10582
Amount of Each Receipt this Period: 250.00
[ ] Memo Item
Contribution earmarked through Actblue

B.
Full Name (Last, First, Middle Initial): ACTBLUE
Mailing Address: PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee.: C C00401224
Name of Employer:
Occupation:
Receipt For: 2022
[ ] Primary [x] General
[ ] Other (specify)
Election Cycle-to-Date: 27300.00

Date of Receipt: 10 / 16 / 2022
Transaction ID : SA11AI.10582.0
Amount of Each Receipt this Period: 250.00
[x] Memo Item
Total earmarked through conduit. Limit not affected

C.
Full Name (Last, First, Middle Initial): Bankman-Fried, Samuel, , ,
Mailing Address: 127 South Ocean Road
City: New Providence, Bahamas | State: ZZ | Zip Code: 99999
FEC ID number of contributing federal political committee.: C
Name of Employer: CEO
Occupation: FTX
Receipt For: 2022
[ ] Primary [x] General
[ ] Other (specify)
Election Cycle-to-Date: 2900.00

Date of Receipt: 10 / 17 / 2022
Transaction ID : SA11AI.10614
Amount of Each Receipt this Period: 2900.00
[ ] Memo Item
Contribution earmarked through Actblue

SUBTOTAL of Receipts This Page (optional) ▶ 3150.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 11d
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NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial): ACTBLUE
Mailing Address: PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2022
[ ] Primary [x] General
[ ] Other (specify)
Election Cycle-to-Date: 31702.44
Date of Receipt: 10 / 17 / 2022
Transaction ID : SA11AI.10614.0
Amount of Each Receipt this Period: 2900.00
[x] Memo Item
Total earmarked through conduit. Limit not affected

B.
Full Name (Last, First, Middle Initial): Bingue, Jacques, , ,
Mailing Address: 4200 Maplewood Dr, 119
City: SULPHUR | State: LA | Zip Code: 70663
FEC ID number of contributing federal political committee: C
Name of Employer: Engineer
Occupation: Self
Receipt For: 2022
[ ] Primary [x] General
[ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 10 / 15 / 2022
Transaction ID : SA11AI.10578
Amount of Each Receipt this Period: 250.00
[ ] Memo Item
Contribution earmarked through Actblue

C.
Full Name (Last, First, Middle Initial): ACTBLUE
Mailing Address: PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2022
[ ] Primary [x] General
[ ] Other (specify)
Election Cycle-to-Date: 22900.00
Date of Receipt: 10 / 15 / 2022
Transaction ID : SA11AI.10578.0
Amount of Each Receipt this Period: 250.00
[x] Memo Item
Total earmarked through conduit. Limit not affected

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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

A.
Full Name (Last, First, Middle Initial): Celestin, Odilon, , ,
Mailing Address: 13640 NW 2nd Ave
City: North Miami | State: FL | Zip Code: 33168
FEC ID number of contributing federal political committee: C
Name of Employer: Manager
Occupation: C & M SWEET BAKERY INC
Receipt For: 2022
[ ] Primary [x] General
[ ] Other (specify)
Election Cycle-to-Date: 2900.00
Date of Receipt: 10 / 15 / 2022
Transaction ID : SA11AI.10596
Amount of Each Receipt this Period: 2900.00
[ ] Memo Item
Contribution earmarked through Actblue

B.
Full Name (Last, First, Middle Initial): ACTBLUE
Mailing Address: PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2022
[ ] Primary [x] General
[ ] Other (specify)
Election Cycle-to-Date: 26800.00
Date of Receipt: 10 / 15 / 2022
Transaction ID : SA11AI.10596.0
Amount of Each Receipt this Period: 2900.00
[x] Memo Item
Total earmarked through conduit. Limit not affected

C.
Full Name (Last, First, Middle Initial): Clairvil, Fritz, , ,
Mailing Address: 8423 Avenue N
City: Brooklyn | State: NY | Zip Code: 11236
FEC ID number of contributing federal political committee: C
Name of Employer: Entrepreneur
Occupation: VestNet Capital
Receipt For: 2022
[ ] Primary [x] General
[ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 10 / 16 / 2022
Transaction ID : SA11AI.10584
Amount of Each Receipt this Period: 250.00
[ ] Memo Item
Contribution earmarked through Actblue

SUBTOTAL of Receipts This Page (optional) ▶ 3150.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 11d
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NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial): ACTBLUE
Mailing Address: PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2022
[ ] Primary [x] General
[ ] Other (specify)
Election Cycle-to-Date: 28050.00

Date of Receipt: 10 / 16 / 2022
Transaction ID : SA11AI.10584.0
Amount of Each Receipt this Period: 250.00
[x] Memo Item
Total earmarked through conduit. Limit not affected

B.
Full Name (Last, First, Middle Initial): Clay, Sanjena, , ,
Mailing Address: 1512 39th Street
City: West Palm Beach | State: FL | Zip Code: 33407
FEC ID number of contributing federal political committee: C
Name of Employer: Retired | Occupation: Retired
Receipt For: 2022
[ ] Primary [x] General
[ ] Other (specify)
Election Cycle-to-Date: 750.00

Date of Receipt: 10 / 13 / 2022
Transaction ID : SA11AI.10571
Amount of Each Receipt this Period: 750.00
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Davis, Shaun, , ,
Mailing Address: 1587 Island Way
City: Weston | State: FL | Zip Code: 33326
FEC ID number of contributing federal political committee: C
Name of Employer: S. Davis & Associates, P.A. | Occupation: Managing Partner
Receipt For: 2022
[ ] Primary [x] General
[ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 10 / 13 / 2022
Transaction ID : SA11AI.10573
Amount of Each Receipt this Period: 1000.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1750.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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

A.
Full Name (Last, First, Middle Initial): Donations Under $200, Unitemized, , ,
Mailing Address: 4577 N Nob Hill Rd #203
City: Sunrise | State: FL | Zip Code: 33351
FEC ID number of contributing federal political committee.: C
Name of Employer: Unitemized donations < $200
Occupation: Unitemized donations < $200
Receipt For: 2022
[ ] Primary [x] General
[ ] Other (specify)
Election Cycle-to-Date: 1745.98
Date of Receipt: 10 / 17 / 2022
Transaction ID : SA11AI.10574
Amount of Each Receipt this Period: 752.44
[ ] Memo Item
Contribution earmarked through Actblue

B.
Full Name (Last, First, Middle Initial): ACTBLUE
Mailing Address: PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee.: C C00401224
Name of Employer:
Occupation:
Receipt For: 2022
[ ] Primary [x] General
[ ] Other (specify)
Election Cycle-to-Date: 28802.44
Date of Receipt: 10 / 17 / 2022
Transaction ID : SA11AI.10574.0
Amount of Each Receipt this Period: 752.44
[x] Memo Item
Total earmarked through conduit. Limit not affected

C.
Full Name (Last, First, Middle Initial): Fouche, Harry, , ,
Mailing Address: 8032 S. Kimbark
City: Chicago | State: IL | Zip Code: 60619
FEC ID number of contributing federal political committee.: C
Name of Employer: Not Employed
Occupation: Not Employed
Receipt For: 2022
[ ] Primary [x] General
[ ] Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 10 / 15 / 2022
Transaction ID : SA11AI.10594
Amount of Each Receipt this Period: 1000.00
[ ] Memo Item
Contribution earmarked through Actblue

SUBTOTAL of Receipts This Page (optional) ▶ 1752.44

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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[x] 11a [ ] 11b [ ] 11c [ ] 11d
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NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial): ACTBLUE
Mailing Address: PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee.: C C00401224
Name of Employer:
Occupation:
Receipt For: 2022
[ ] Primary [x] General
[ ] Other (specify)
Election Cycle-to-Date: 23900.00

Date of Receipt: 10 / 15 / 2022
Transaction ID : SA11AI.10594.0
Amount of Each Receipt this Period: 1000.00
[x] Memo Item
Total earmarked through conduit. Limit not affected

B.
Full Name (Last, First, Middle Initial): Herisse, Rockfeler, , ,
Mailing Address: 2020 Accra Pl
City: Dulles | State: VA | Zip Code: 20189
FEC ID number of contributing federal political committee.: C
Name of Employer: Diplomat
Occupation: USAID
Receipt For: 2022
[ ] Primary [x] General
[ ] Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 10 / 16 / 2022
Transaction ID : SA11AI.10590
Amount of Each Receipt this Period: 500.00
[ ] Memo Item
Contribution earmarked through Actblue

C.
Full Name (Last, First, Middle Initial): ACTBLUE
Mailing Address: PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee.: C C00401224
Name of Employer:
Occupation:
Receipt For: 2022
[ ] Primary [x] General
[ ] Other (specify)
Election Cycle-to-Date: 27800.00

Date of Receipt: 10 / 16 / 2022
Transaction ID : SA11AI.10590.0
Amount of Each Receipt this Period: 500.00
[x] Memo Item
Total earmarked through conduit. Limit not affected

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

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

A.
Full Name (Last, First, Middle Initial): Lauredan, Bernier, , ,
Mailing Address: 10889 sw Candlewood road
City: Port St. Lucie | State: FL | Zip Code: 34987
FEC ID number of contributing federal political committee: C
Name of Employer: Not Employed | Occupation: Not Employed
Receipt For: 2022 [ ] Primary [x] General [ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 10/10/2022
Transaction ID : SA11AI.10586
Amount of Each Receipt this Period: 500.00
[ ] Memo Item
Contribution earmarked through Actblue

B.
Full Name (Last, First, Middle Initial): ACTBLUE
Mailing Address: PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2022 [ ] Primary [x] General [ ] Other (specify)
Election Cycle-to-Date: 22150.00
Date of Receipt: 10/10/2022
Transaction ID : SA11AI.10586.0
Amount of Each Receipt this Period: 500.00
[x] Memo Item
Total earmarked through conduit. Limit not affected

C.
Full Name (Last, First, Middle Initial): Manigat, Yves, , ,
Mailing Address: 2542 Vicara Court
City: Royal Palm Beach | State: FL | Zip Code: 33411
FEC ID number of contributing federal political committee: C
Name of Employer: Not Employed | Occupation: Not Employed
Receipt For: 2022 [ ] Primary [x] General [ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 10/15/2022
Transaction ID : SA11AI.10580
Amount of Each Receipt this Period: 250.00
[ ] Memo Item
Contribution earmarked through Actblue

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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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[x] 11a [ ] 11b [ ] 11c [ ] 11d
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NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial): ACTBLUE
Mailing Address: PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee.: C C00401224
Name of Employer:
Occupation:
Receipt For: 2022
[ ] Primary [x] General
[ ] Other (specify)
Election Cycle-to-Date: 27050.00

Date of Receipt: 10 / 15 / 2022
Transaction ID : SA11AI.10580.0
Amount of Each Receipt this Period: 250.00
[x] Memo Item
Total earmarked through conduit. Limit not affected

B.
Full Name (Last, First, Middle Initial): Siddiqui, Arshi, , ,
Mailing Address: 5775 Collins Avenue, Unit 1402
City: Miami Beach | State: FL | Zip Code: 33140
FEC ID number of contributing federal political committee.: C
Name of Employer: Partner
Occupation: Akin Gump Strauss Hauer & Feld LLP
Receipt For: 2022
[ ] Primary [x] General
[ ] Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 10 / 05 / 2022
Transaction ID : SA11AI.10592
Amount of Each Receipt this Period: 1000.00
[ ] Memo Item
Contribution earmarked through Actblue

C.
Full Name (Last, First, Middle Initial): ACTBLUE
Mailing Address: PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee.: C C00401224
Name of Employer:
Occupation:
Receipt For: 2022
[ ] Primary [x] General
[ ] Other (specify)
Election Cycle-to-Date: 21400.00

Date of Receipt: 10 / 05 / 2022
Transaction ID : SA11AI.10592.0
Amount of Each Receipt this Period: 1000.00
[x] Memo Item
Total earmarked through conduit. Limit not affected

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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[x] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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

A.
Full Name (Last, First, Middle Initial): Simon, Jean, , ,
Mailing Address: 957 Iris Lane
City: Baldwin | State: NY | Zip Code: 11510
FEC ID number of contributing federal political committee: C
Name of Employer: Manufacturer
Occupation: SIMTEC INDUSTRIES CORP
Receipt For: 2022
[ ] Primary [x] General
[ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 10 / 11 / 2022
Transaction ID : SA11AI.10588
Amount of Each Receipt this Period: 500.00
[ ] Memo Item
Contribution earmarked through Actblue

B.
Full Name (Last, First, Middle Initial): ACTBLUE
Mailing Address: PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2022
[ ] Primary [x] General
[ ] Other (specify)
Election Cycle-to-Date: 22650.00
Date of Receipt: 10 / 11 / 2022
Transaction ID : SA11AI.10588.0
Amount of Each Receipt this Period: 500.00
[x] Memo Item
Total earmarked through conduit. Limit not affected

C.
Full Name (Last, First, Middle Initial): Thompson, Davicka, , ,
Mailing Address: 3191 S Dixie Hwy, 503
City: West Palm Beach | State: FL | Zip Code: 33405
FEC ID number of contributing federal political committee: C
Name of Employer: Public Affairs
Occupation: Self
Receipt For: 2022
[ ] Primary [x] General
[ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 10 / 06 / 2022
Transaction ID : SA11AI.10576
Amount of Each Receipt this Period: 250.00
[ ] Memo Item
Contribution earmarked through Actblue

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

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

A.
Full Name (Last, First, Middle Initial): ACTBLUE
Mailing Address: PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2022
[ ] Primary [x] General
[ ] Other (specify)
Election Cycle-to-Date: 21650.00
Date of Receipt: 10 / 06 / 2022
Transaction ID : SA11AI.10576.0
Amount of Each Receipt this Period: 250.00
[x] Memo Item
Total earmarked through conduit. Limit not affected

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For:
[ ] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For:
[ ] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 13052.44

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

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

A.
Full Name (Last, First, Middle Initial): Holland America Line Inc. HALPAC
Mailing Address: 450 3rd Ave W
City: Seattle | State: WA | Zip Code: 98119
FEC ID number of contributing federal political committee: C C00287714
Name of Employer:
Occupation:
Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify)
Election Cycle-to-Date: 3500.00
Date of Receipt: 10 / 11 / 2022
Transaction ID : SA11C.10602
Amount of Each Receipt this Period: 1500.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): HUMAN RIGHTS CAMPAIGN PAC
Mailing Address: 1640 RHODE ISLAND AVE NW
City: WASHINTON | State: DC | Zip Code: 20036
FEC ID number of contributing federal political committee: C C00235853
Name of Employer:
Occupation:
Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 10 / 13 / 2022
Transaction ID : SA11C.10604
Amount of Each Receipt this Period: 1000.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial): LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC
Mailing Address: 905 16TH ST., N.W
City: WASHINGTON | State: DC | Zip Code: 20006
FEC ID number of contributing federal political committee: C C00007922
Name of Employer:
Occupation:
Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify)
Election Cycle-to-Date: 5000.00
Date of Receipt: 10 / 19 / 2022
Transaction ID : SA11C.10612
Amount of Each Receipt this Period: 5000.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 7500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial): NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE
Mailing Address: 1101 KING STREET, SUITE 600
City: ALEXANDRIA | State: VA | Zip Code: 22308
FEC ID number of contributing federal political committee: C C00144766
Name of Employer:
Occupation:
Receipt For: 2022 ☐ Primary ☒ General ☐ Other (specify)
Election Cycle-to-Date: 2500.00
Date of Receipt: 10 / 06 / 2022
Transaction ID : SA11C.10600
Amount of Each Receipt this Period: 2500.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): NELSON MULLINS RILEY & SCARBOROUGH, LLP FEDERAL POLITICAL COMMITTEE
Mailing Address: PO Box 11070
City: Columbia | State: SC | Zip Code: 29201
FEC ID number of contributing federal political committee: C C00278895
Name of Employer:
Occupation:
Receipt For: 2022 ☐ Primary ☒ General ☐ Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 10 / 19 / 2022
Transaction ID : SA11C.10610
Amount of Each Receipt this Period: 1000.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial): SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE POLITICAL ACTION COMMITTEE
Mailing Address: P O BOX 500
City: RENVILLE | State: MN | Zip Code: 56284
FEC ID number of contributing federal political committee: C C00166348
Name of Employer:
Occupation:
Receipt For: 2022 ☐ Primary ☒ General ☐ Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 10 / 19 / 2022
Transaction ID : SA11C.10606
Amount of Each Receipt this Period: 1000.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 4500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial): TRANSPORT WORKERS UNION OF AMERICA
Mailing Address: 501 3RD STREET NW 9TH FLOOR
City: WASHINGTON | State: DC | Zip Code: 20001
FEC ID number of contributing federal political committee: C C70005913
Name of Employer:
Occupation:
Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify)
Election Cycle-to-Date: 2500.00
Date of Receipt: 10 / 19 / 2022
Transaction ID : SA11C.10608
Amount of Each Receipt this Period: 2500.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For:
☐ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
☐ Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For:
☐ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

TOTAL This Period (last page this line number only) ▶ 14500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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

A.
Full Name (Last, First, Middle Initial): WPLG/TV10
Mailing Address: 3401 W Hallandale Beach Boulevard
City: Pembroke Pines | State: FL | Zip Code: 33023
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify)
Election Cycle-to-Date: 565.00
Date of Receipt: 10 / 06 / 2022
Transaction ID : SA14.10598
Amount of Each Receipt this Period: 565.00
☐ Memo Item
Refund of unused TV buy

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For:
☐ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
☐ Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For:
☐ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 565.00

TOTAL This Period (last page this line number only) ▶ 565.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[x] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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

A. Full Name (Last, First, Middle Initial): ACTBLUE
Mailing Address: PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
Purpose of Disbursement: Transaction fees for donations
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: M M 10 / D D 19 / Y Y Y Y 2022
FEC Identification Number: C C00401224
Amount of Each Disbursement this Period: 446.53
Transaction ID : SB17.10635
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Anderson, Arielle, , ,
Mailing Address: 13146 SW 47th Street
City: Miramar | State: FL | Zip Code: 33027
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: M M 10 / D D 04 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 435.00
Transaction ID : SB17.10527
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Anderson, Arielle, , ,
Mailing Address: 13146 SW 47th Street
City: Miramar | State: FL | Zip Code: 33027
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: M M 10 / D D 11 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 435.00
Transaction ID : SB17.10528
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1316.53

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)
[x] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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

A. Full Name (Last, First, Middle Initial): Anderson, Arielle, , ,
Mailing Address: 13146 SW 47th Street
City: Miramar | State: FL | Zip Code: 33027
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: M M 10 / D D 13 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 2933.26
Transaction ID : SB17.10529
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Angerholzer Broz Consulting
Mailing Address: 499 South Capitol Street SW
City: Washington | State: DC | Zip Code: 20003
Purpose of Disbursement: Consulting - Fundraising
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: M M 10 / D D 07 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 3972.92
Transaction ID : SB17.10557
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Angerholzer Broz Consulting
Mailing Address: 499 South Capitol Street SW
City: Washington | State: DC | Zip Code: 20003
Purpose of Disbursement: Consulting - Fundraising
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: M M 10 / D D 11 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 5976.55
Transaction ID : SB17.10562
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 12882.73

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)
[x] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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

A.
Full Name (Last, First, Middle Initial): Cardoso, Cristina, , ,
Mailing Address: 10400 NW 30th Court #402
City: Surnise | State: FL | Zip Code: 33322
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: M M 10 / D D 04 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 620.00
Transaction ID : SB17.10530
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Cardoso, Cristina, , ,
Mailing Address: 10400 NW 30th Court #402
City: Surnise | State: FL | Zip Code: 33322
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: M M 10 / D D 17 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 510.00
Transaction ID : SB17.10531
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Charles, LeChante, , ,
Mailing Address: 18553 Tulip Rd
City: Fort Myers | State: FL | Zip Code: 33967
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: M M 10 / D D 11 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 300.00
Transaction ID : SB17.10532
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1430.00

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)
[x] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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

A. Full Name (Last, First, Middle Initial): Court Yard Office
Mailing Address: 4577 N. Nob Hill Rd
City: Sunrise | State: FL | Zip Code: 33351
Purpose of Disbursement: Rent
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: M M 10 / D D 03 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 4780.83
Transaction ID : SB17.10553
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Doganieri, Kameron, , ,
Mailing Address: 7050 SW 59th St
City: Southwest Ranches | State: FL | Zip Code: 33331
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: M M 10 / D D 04 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 425.00
Transaction ID : SB17.10533
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Eilers, Morgan, , ,
Mailing Address: 5731 SW 162nd Ave
City: Southwest Ranches | State: FL | Zip Code: 33331
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: M M 10 / D D 04 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 225.00
Transaction ID : SB17.10534
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5430.83

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[x] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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

A. Full Name (Last, First, Middle Initial): Feldman, Samantha, , ,
Mailing Address: 17809 NW 16th St
City: Pembroke Pines | State: FL | Zip Code: 33029
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: M M 10 / D D 04 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 425.00
Transaction ID : SB17.10535
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Future Adventures
Mailing Address: 13020 SW 30th Ct
City: Davie | State: FL | Zip Code: 33330
Purpose of Disbursement: Compliance Consulting
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: M M 10 / D D 03 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 875.00
Transaction ID : SB17.10554
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Future Adventures
Mailing Address: 13020 SW 30th Ct
City: Davie | State: FL | Zip Code: 33330
Purpose of Disbursement: Compliance Consulting
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: M M 10 / D D 11 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 875.00
Transaction ID : SB17.10565
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2175.00

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)
[x] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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

A.
Full Name (Last, First, Middle Initial): G-4 Consulting
Mailing Address: 19485 SW 67TH Street
City: Pembroke Pines | State: FL | Zip Code: 33332
Purpose of Disbursement: Campaign Consultant
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: 10 / 13 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 700.00
Transaction ID : SB17.10568
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): G-4 Consulting
Mailing Address: 19485 SW 67TH Street
City: Pembroke Pines | State: FL | Zip Code: 33332
Purpose of Disbursement: Campaign Consultant
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: 10 / 13 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 700.00
Transaction ID : SB17.10569
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Garcia del Rio, Maria, , ,
Mailing Address: 12645 Morning Dr #128
City: Dade City | State: FL | Zip Code: 33525
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: 10 / 03 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 875.00
Transaction ID : SB17.10536
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2275.00

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)
[x] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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

A. Full Name (Last, First, Middle Initial): Garcia del Rio, Maria, , ,
Mailing Address: 12645 Morning Dr #128
City: Dade City | State: FL | Zip Code: 33525
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: M M 10 / D D 11 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 875.00
Transaction ID : SB17.10537
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Garcia del Rio, Maria, , ,
Mailing Address: 12645 Morning Dr #128
City: Dade City | State: FL | Zip Code: 33525
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: M M 10 / D D 18 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 875.00
Transaction ID : SB17.10538
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Gaspard, Bianca, , ,
Mailing Address: 2911 NW 56th Ave #C1
City: Lauderhill | State: FL | Zip Code: 33313
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: M M 10 / D D 04 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 493.00
Transaction ID : SB17.10539
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2243.00

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)
[x] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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

A. Full Name (Last, First, Middle Initial): Gaspard, Bianca, , ,
Mailing Address: 2911 NW 56th Ave #C1
City: Lauderhill | State: FL | Zip Code: 33313
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
State: District:
Date of Disbursement: M M 10 / D D 17 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 595.00
Transaction ID : SB17.10540
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Hartman, Manny, , ,
Mailing Address: 3131 SW 16th Ave
City: Miami | State: FL | Zip Code: 33145
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
State: District:
Date of Disbursement: M M 10 / D D 05 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 500.00
Transaction ID : SB17.10541
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Hartman, Manny, , ,
Mailing Address: 3131 SW 16th Ave
City: Miami | State: FL | Zip Code: 33145
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
State: District:
Date of Disbursement: M M 10 / D D 05 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 500.00
Transaction ID : SB17.10542
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1595.00

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)
[x] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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

A.
Full Name (Last, First, Middle Initial): Hartman, Manny, , ,
Mailing Address: 3131 SW 16th Ave
City: Miami | State: FL | Zip Code: 33145
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: 10 / 13 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 500.00
Transaction ID : SB17.10543
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Hartman, Manny, , ,
Mailing Address: 3131 SW 16th Ave
City: Miami | State: FL | Zip Code: 33145
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: 10 / 19 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 500.00
Transaction ID : SB17.10544
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Her Haus Branding
Mailing Address: 3273 Turtle Cove
City: West Palm Beach | State: FL | Zip Code: 33411
Purpose of Disbursement: Branding
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: 10 / 14 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 400.00
Transaction ID : SB17.10547
[ ] 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 Page

FOR LINE NUMBER: (check only one)
[x] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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

A. Full Name (Last, First, Middle Initial): Jude Advertising LLC
Mailing Address: 805 NW 121st Street
City: Miami | State: FL | Zip Code: 33168
Purpose of Disbursement: Radio
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
State: District:
Date of Disbursement: 10 / 13 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 1500.00
Transaction ID : SB17.10552
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): McCormick, Twana, , ,
Mailing Address: 4593 SW 132nd Ave
City: Miramar | State: FL | Zip Code: 33027
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
State: District:
Date of Disbursement: 10 / 11 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 1900.00
Transaction ID : SB17.10545
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Plantation Democratic Club
Mailing Address: 5701 Cypress Rd
City: Plantation | State: FL | Zip Code: 33317
Purpose of Disbursement: Donation
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
State: District:
Date of Disbursement: 10 / 11 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 500.00
Transaction ID : SB17.10564
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3900.00

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)
[x] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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

A.
Full Name (Last, First, Middle Initial): Rodriguez, Marilyn, , ,
Mailing Address: 9326 NW 9th Ave
City: Plantation | State: FL | Zip Code: 33324
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: M M 10 / D D 07 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 340.00
Transaction ID : SB17.10548
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Rodriguez, Marilyn, , ,
Mailing Address: 9326 NW 9th Ave
City: Plantation | State: FL | Zip Code: 33324
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: M M 10 / D D 13 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 340.00
Transaction ID : SB17.10549
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Rodriguez, Marilyn, , ,
Mailing Address: 9326 NW 9th Ave
City: Plantation | State: FL | Zip Code: 33324
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: M M 10 / D D 13 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 340.00
Transaction ID : SB17.10550
[ ] 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)
[x] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

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

A. Full Name (Last, First, Middle Initial): South Florida Gay News
Mailing Address: 2520 N Dixie Hwy
City: Wilton Manors | State: FL | Zip Code: 33305
Purpose of Disbursement: Advertising
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: 10 / 07 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 600.00
Transaction ID : SB17.10559
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Towns Global Group
Mailing Address: 3011 Laurel Ridge Circle
City: Riviera Beach | State: FL | Zip Code: 33404
Purpose of Disbursement: Political Consultant
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: 10 / 11 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 576.83
Transaction ID : SB17.10567
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Your Membership.Com Inc
Mailing Address: PO BOX 3461
City: Dallas | State: TX | Zip Code: 75312
Purpose of Disbursement: Software
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [ ] Primary [x] General [ ] Other (specify)
Date of Disbursement: 10 / 07 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 224.00
Transaction ID : SB17.10561
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1400.83

TOTAL This Period (last page this line number only) ▶ 37068.92

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.4114

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2020
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
03 / 15 / 2020	9/1/2020	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 50000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.6487

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2020
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
05 / 20 / 2021	01/13/2023	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

4. Full 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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.6488

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
05 / 26 / 2021	01/13/2023	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

4. Full 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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.6489

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
M 06 / D 01 / Y 2021	M M / D D / Y 01/13/2023	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 7.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.6490

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
M 06 / D 01 / Y 2021	M M / D D / Y 01/13/2023	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 100000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.6491

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

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 [x] No

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

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

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

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

4. Full 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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.6492

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

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 Y Y Y 01/13/2023	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

4. Full 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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.7308

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
07 / 08 / 2021	12/31/2025	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

4. Full 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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.7309

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
07 / 12 / 2021	12/31/2025	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

4. Full 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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.7310

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
07 / 14 / 2021	12/31/2025	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

4. Full 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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.7311

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
07 / 21 / 2021	12/31/2025	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

4. Full 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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.7312

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
07 / 29 / 2021	12/31/2025	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

4. Full 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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.7313

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

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 [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 60000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.7314

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

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 [x] No

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

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

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

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

4. Full 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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.7315

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
08 / 09 / 2021	12/31/2025	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 50000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.7316

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
08 / 17 / 2021	12/31/2025	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

4. Full 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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.7317

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
08 / 18 / 2021	12/31/2025	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 20000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.7318

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
08 / 19 / 2021	12/31/25	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 40000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.7319

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
52700.00	0.00	52700.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
08 / 23 / 2021	12/31/25	0.00 % (apr)	☐ Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 52700.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.7320

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

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 [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 20000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.7321

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
23000.00	0.00	23000.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
M M 08 / D D 31 / Y Y Y Y 2021	M M / D D / Y Y Y Y 12/31/25	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 23000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.7322

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
09 / 01 / 2021	/ /	0.00 % (apr)	[ ] Yes [x] No
	12/31/25		

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 50000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.7323

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75000.00	0.00	75000.00

TERMS Date Incurred: M 09 / D 03 / Y 2021 Date Due: M M / D D / Y 12/31/25 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

4. Full 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)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.7324

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

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 [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 20000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.7325

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
09 / 15 / 2021	12/31/25	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 100000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.7326

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	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 [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 30000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.7327

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	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 [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 30000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.7328

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
126101.63	0.00	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 [x] No

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

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

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

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

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.7329

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	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 [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 30000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.7330

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
94587.93	0.00	94587.93

TERMS Date Incurred: M 09 / D 27 / Y 2021 Date Due: M M / D D / Y 12/30/25 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: ☐ Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 94587.93

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9995

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
M 09 M / D 27 D / Y 2021 Y	M M / D D / Y 12/30/2025 Y	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 40000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.7331

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

TERMS Date Incurred: M 10 / D 01 / Y 2021 Date Due: M M / D D / Y 12/31/25 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 60000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.7332

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

[x] Personal Funds of the Candidate

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

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
10 / 04 / 2021	12/31/25	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 50000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.7333

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
18000.00	0.00	18000.00

TERMS Date Incurred: M 10 / D 05 / Y 2021 Date Due: M M / D D / Y 12/31/25 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 18000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.7334

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
10 / 07 / 2021	12/31/25	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 20000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.7335

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
152000.00	0.00	152000.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
M M 10 / D D 08 / Y Y Y Y 2021	M M / D D / Y Y Y Y 12/31/25	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 152000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.8175

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	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 [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 40000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.8176

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
211000.00	0.00	211000.00

TERMS Date Incurred: 10 / 18 / 2021 Date Due: 12/31/2024 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.8177

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
90000.00	0.00	90000.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
10/25/2021	12/31/2024	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

4. Full 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)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.8179

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-Primary

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
10 / 28 / 2021	12/31/2024	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 50000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.8180

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-General

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
290000.00	0.00	290000.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
M M 11 / D D 04 / Y Y Y Y 2021	M M / D D / Y Y Y Y 12/31/2024	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

4. Full 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)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.8181

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-General

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
105000.00	0.00	105000.00

TERMS Date Incurred: M 12 / D 02 / Y 2021

Date Due: M M / D D / Y 12/31/2024

Interest Rate (If none, enter 0): 0.00 % (apr)

Secured: [ ] Yes [x] No

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

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

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

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

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
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)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.8182

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-General

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
12 / 13 / 2021	12/31/2024	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 40000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.10000

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-General

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
26000.00	0.00	26000.00

TERMS Date Incurred: 12 / 22 / 2021 Date Due: 12/31/2024 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: ☐ Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 26000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.8184

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ Special-General

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
70000.00	0.00	70000.00

TERMS Date Incurred: 01 / 09 / 2022 Date Due: MM / DD / 12/31/2024 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

4. Full 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)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.8185

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

TERMS Date Incurred: 01 / 18 / 2022 Date Due: MM / DD / YYYY 12/31/2024 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.8186

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

TERMS Date Incurred: 01 / 19 / 2022 Date Due: MM / DD / YYYY 12/31/2024 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 20000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.8187

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

TERMS Date Incurred: 01 / 20 / 2022 Date Due: MM / DD / YYYY Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
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)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.8873

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

TERMS Date Incurred: 02 / 01 / 2022 Date Due: MM / DD / YYYY 12/31/2023 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.8874

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	30000.00

TERMS Date Incurred: M 02 / D 09 / Y 2022 Date Due: M M / D D / Y Y Y Y 12/31/2023 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 30000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.8875

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

TERMS Date Incurred: 02 / 14 / 2022 Date Due: MM / DD / 12/31/2023 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.8876

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS Date Incurred: 02 / 15 / 2022 Date Due: MM / DD / 12/31/2023 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.8877

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
35000.00	0.00	35000.00

TERMS Date Incurred: M 02 / D 17 / Y 2022 Date Due: M M / D D / Y 12/31/2023 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

4. Full 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)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.8878

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

TERMS Date Incurred: 03 / 01 / 2022 Date Due: MM / DD / YYYY Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.8879

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
37000.00	0.00	37000.00

TERMS Date Incurred: M 03 / D 03 / Y 2022 — Date Due: M M / D D / Y Y Y Y 12/31/2023 — Interest Rate (If none, enter 0): 0.00 % (apr) — Secured: [ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 37000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.8880

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

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 [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 20000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.8881

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

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 [x] No

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

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

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

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

4. Full 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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9443

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5500.00	0.00	5500.00

TERMS Date Incurred: M 04 / D 01 / Y 2022 Date Due: M M / D D / Y 12/31/2023 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

4. Full 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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9444

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
400.00	0.00	400.00

TERMS Date Incurred: M 04 / D 01 / Y 2022 Date Due: M M / D D / Y 12/31/2023 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

4. Full 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)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9446

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
9170.00	0.00	9170.00

TERMS Date Incurred: M 04 / D 12 / Y 2022 Date Due: M M / D D / Y 12/31/2023 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

4. Full 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)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9447

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

TERMS Date Incurred: M 04 / D 25 / Y 2022 Date Due: M M / D D / Y Y Y Y 12/31/2023 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

4. Full 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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9448

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
05 / 11 / 2022	12/31/2023	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

4. Full 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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9449

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS Date Incurred: 05 / 13 / 2022 Date Due: MM / DD / YYYY 12/31/2023 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9450

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS Date Incurred: 05 / 13 / 2022 Date Due: MM / DD / 12/31/2023 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9451

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
21836.00	0.00	21836.00

TERMS Date Incurred: 05 / 19 / 2022 Date Due: / / 12/31/2023 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

4. Full 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)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9452

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2765.00	0.00	2765.00

TERMS Date Incurred: M 05 / D 26 / Y 2022 Date Due: M M / D D / Y 12/31/2023 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

4. Full 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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9453

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

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 [x] No

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

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

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

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

4. Full 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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9454

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
05 / 31 / 2022	12/31/2023	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

4. Full 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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9455

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

TERMS Date Incurred: M 06 / D 03 / Y 2022 Date Due: M M / D D / Y Y Y Y 12/31/2023 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

4. Full 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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9456

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6000.00	0.00	6000.00

TERMS Date Incurred: M 06 / D 07 / Y 2022 Date Due: M M / D D / Y Y Y Y 12/31/2023 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

4. Full 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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9457

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
11444.00	0.00	11444.00

TERMS Date Incurred: M 06 / D 10 / Y 2022 Date Due: M M / D D / Y 12/31/2023 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 11444.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9458

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6000.00	0.00	6000.00

TERMS Date Incurred: M 06 / D 13 / Y 2022 Date Due: M M / D D / Y 12/31/2023 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

4. Full 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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9459

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8500.00	0.00	8500.00

TERMS Date Incurred: M 06 / D 14 / Y 2022 Date Due: M M / D D / Y 12/31/2023 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

4. Full 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)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9461

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4000.00	0.00	4000.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
M 06 / D 17 / Y 2022	M M / D D / Y 12/31/2023	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

4. Full 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)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9462

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
M 06 / D 21 / Y 2022	M M / D D / Y Y Y Y 12/31/2023	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

4. Full 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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9463

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
M 06 / D 21 / Y 2022	M M / D D / Y Y Y Y 12/31/2023	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

4. Full 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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9464

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
17000.00	0.00	17000.00

TERMS Date Incurred: M 06 / D 24 / Y 2022 Date Due: M M / D D / Y Y Y Y 12/31/2023 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 17000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9465

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

TERMS Date Incurred: 06 / 27 / 2022 Date Due: MM / DD / YYYY 12/31/2023 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

4. Full 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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9466

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
12000.00	0.00	12000.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
M 06 / D 28 / Y 2022	M M / D D / Y Y Y Y 12/31/2023	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

4. Full 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)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9467

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15500.00	0.00	15500.00

TERMS Date Incurred: M 06 / D 28 / Y 2022 Date Due: M M / D D / Y Y Y Y 12/31/2022 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 15500.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9469

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
62000.00	0.00	62000.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
M 06 / D 29 / Y 2022	M M / D D / Y Y Y Y 12/31/2023	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 62000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9470

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
12000.00	0.00	12000.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
M 06 / D 30 / Y 2022	M M / D D / Y 12/31/2023	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

4. Full 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)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9797

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
12120.00	0.00	12120.00

TERMS Date Incurred: 07 / 01 / 2022 Date Due: MM / DD / YYYY Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 12120.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9798

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15700.00	0.00	15700.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
07 / 05 / 2022	12/31/2023	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 15700.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9799

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
36000.00	0.00	36000.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
07 / 06 / 2022	12/31/2023	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 36000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9800

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
07 / 12 / 2022	12/31/2023	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
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)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9801

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

TERMS Date Incurred: 07 / 12 / 2022 Date Due: MM / DD / 12/31/2023 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

4. Full 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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9802

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
52000.00	0.00	52000.00

TERMS Date Incurred: 07 / 15 / 2022 Date Due: MM / DD / YYYY 12/31/2023 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 52000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9803

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

TERMS Date Incurred: 07 / 15 / 2022 Date Due: MM / DD / YYYY 12/31/2023 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9804

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4000.00	0.00	4000.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
07 / 27 / 2022	12/31/2023	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

4. Full 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)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9805

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
07 / 28 / 2022	12/31/2023	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

4. Full 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

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9806

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

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

TERMS Date Incurred: 07 / 29 / 2022 Date Due: MM / DD / YYYY 12/31/2023 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 60000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9808

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75000.00	0.00	75000.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
M 08 / D 03 / Y 2022	M M / D D / Y 12/31/2023	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

4. Full 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)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9822

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
41000.00	0.00	41000.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
M 08 / D 15 / Y 2022	M M / D D / Y 12/31/2023	0.00 % (apr)	[ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 41000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9825

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
19000.00	0.00	19000.00

TERMS Date Incurred: M 08 / D 16 / Y 2022 — Date Due: M M / D D / Y 12/31/2023 — Interest Rate (If none, enter 0): 0.00 % (apr) — Secured: [ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 19000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

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

Transaction ID : SC/10.9829

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
33000.00	0.00	33000.00

TERMS Date Incurred: M 08 / D 17 / Y 2022 Date Due: M M / D D / Y 12/31/2023 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 33000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9906

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

TERMS Date Incurred: M 08 / D 18 / Y 2022 Date Due: M M / D D / Y Y Y Y 12/31/2023 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

4. Full 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)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9928

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS Date Incurred: M 08 / D 22 / Y 2022 Date Due: M M / D D / Y 12/31/2023 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

4. Full 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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.10506

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS Date Incurred: M 08 / D 23 / Y 2022 — Date Due: M M / D D / Y 12/31/2023 — Interest Rate (If none, enter 0): 0.00 % (apr) — Secured: [ ] Yes [x] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

4. Full 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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.10507

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
60000.00	0.00	60000.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
M 08 / D 23 / Y 2022	M M / D D / Y 12/31/2023	0.00 % (apr)	[ ] Yes [x] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 60000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.10508

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Election: 2022
- [ ] Primary
- [x] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

TERMS Date Incurred: M 08 / D 25 / Y 2022 — Date Due: M M / D D / Y 12/31/2023 — Interest Rate (If none, enter 0): 0.00 % (apr) — Secured: ☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
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)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.10509

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [x] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS Date Incurred: 08 / 31 / 2022 Date Due: MM / DD / YYYY 12/31/2023 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

4. Full 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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.10510

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Election: 2022
- [ ] Primary
- [x] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
M 09 M / D 01 D / Y 2022 Y	M M / D D / Y 12/31/2023 Y	0.00 % (apr)	☐ Yes [x] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

4. Full 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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.10511

LOAN SOURCE Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [x] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS Date Incurred: M 09 / D 02 / Y 2022 Date Due: M M / D D / Y 12/31/2023 Interest Rate (If none, enter 0): 0.00 % (apr) Secured: [ ] Yes [x] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

4. Full 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) ▶ 3848131.44

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.