

Image# 202305199581555861

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Cherfilus-McCormick, Sheila, , ,		2. Candidate's FEC Identification Number H8FL20032
(b) Address (number and street) <input type="checkbox"/> Check if address changed 18612 SW 41st Street		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
(c) City, State, and ZIP Code Miramar FL 33029		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate FL 20

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC	
(b) Address (number and street) 4577 NORTH NOB HILL RD SUITE 203	
(c) City, State, and ZIP Code SUNRISE FL 33351	

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

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

Signature of Candidate Cherfilus-McCormick, Sheila, , , <i>[Electronically Filed]</i>	Date 05/19/2023
---	--------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--