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 / DD / YYYY in the State of

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

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

Election on MM / DD / YYYY in the State of

5. Covering Period 02 / 01 / 2022 through 03 / 31 / 2022

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

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

Signature of Treasurer *AINA, OLUBISI, , Dr.,* ***[Electronically Filed]*** Date 01 / 23 / 2023

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: 02 / 01 / 2022 To: 03 / 31 / 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))	32013.00	39660.87
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	32013.00	39660.87
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	203851.67	294254.40
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	203851.67	294254.40
8. Cash on Hand at Close of Reporting Period (from Line 27).....	396402.99	
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)	3337990.00	

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: 02 / 01 / 2022 To: 03 / 31 / 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)	16400.00	16400.00
(ii) Unitemized	1313.00	1313.00
(iii) TOTAL of contributions from individuals ▶	17713.00	17713.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	14300.00	21947.87
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	32013.00	39660.87
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	568000.00	613000.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	568000.00	613000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
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) ▶	600013.00	652660.87

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	203851.67	294254.40
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
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) ▶	203851.67	294254.40

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	241.66
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	600013.00
25. SUBTOTAL (add Line 23 and Line 24)	600254.66
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	203851.67
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	396402.99

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **F3A**
Transaction ID :

Amended due to previous report requiring amendment. Also made updates as requested in RFAI dated 6/5/2022 including changing election cycle to 1/22/2022 to 11/8/2022 as requested in item #2. Changed PAC contributions to line 11(c) from 11(a).

Form/Schedule:
Transaction ID:

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): Abraham, Galbut, , ,
Mailing Address: 4770 Biscayne Blvd, Ste 1400
City: Miami | State: FL | Zip Code: 33137
FEC ID number of contributing federal political committee.: C
Name of Employer: Galbut Walters & Assoc.
Occupation: Lawyer
Receipt For: 2022
[x] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1500.00
Date of Receipt: 03 / 31 / 2022
Transaction ID : SA11AI.8579
Amount of Each Receipt this Period: 1500.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Cosy, Joseph, , ,
Mailing Address: 9638 Harbour Lake Cir
City: Boynton Beach | State: FL | Zip Code: 33437
FEC ID number of contributing federal political committee.: C
Name of Employer: Amazon
Occupation: Professional Services Executive
Receipt For: 2022
[x] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 03 / 27 / 2022
Transaction ID : SA11AI.8549
Amount of Each Receipt this Period: 500.00
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Guerda, Nicolas, , ,
Mailing Address: 20514 Sw 88th Ave
City: Cutler Bay | State: FL | Zip Code: 33189
FEC ID number of contributing federal political committee.: C
Name of Employer: University of Miami
Occupation: Professor
Receipt For: 2022
[x] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 03 / 27 / 2022
Transaction ID : SA11AI.8551
Amount of Each Receipt this Period: 500.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

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): Hans, Ottinot, , ,
Mailing Address: 17524 NW 61st Court
City: Miami | State: FL | Zip Code: 33015
FEC ID number of contributing federal political committee: C
Name of Employer: Ottinot Law, P.A.
Occupation: Attorney
Receipt For: 2022
[x] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 2900.00
Date of Receipt: 03 / 30 / 2022
Transaction ID : SA11AI.8571
Amount of Each Receipt this Period: 2900.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Herold, Degraff, , ,
Mailing Address: 16782 NW 12St
City: Pembroke Pines | State: FL | Zip Code: 33028
FEC ID number of contributing federal political committee: C
Name of Employer: AutoNation
Occupation: Sales
Receipt For: 2022
[x] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 03 / 27 / 2022
Transaction ID : SA11AI.8553
Amount of Each Receipt this Period: 250.00
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Jacques, Bingue, , ,
Mailing Address: 4200 Maplewood Dr
City: SULPHUR | State: LA | Zip Code: 70663
FEC ID number of contributing federal political committee: C
Name of Employer: DOE
Occupation: Engineer
Receipt For: 2022
[x] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 03 / 27 / 2022
Transaction ID : SA11AI.8555
Amount of Each Receipt this Period: 250.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 3400.00

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): Jasmine, Barnes, , ,
Mailing Address: 10769 NW 80th Circle
City: Parkland | State: FL | Zip Code: 33076
FEC ID number of contributing federal political committee.: C
Name of Employer: Jasmine Barnes, LLC
Occupation: Realtor
Receipt For: 2022
[x] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1500.00
Date of Receipt: 03 / 30 / 2022
Transaction ID : SA11AI.8573
Amount of Each Receipt this Period: 1500.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Jennifer, Levin, , ,
Mailing Address: 19380 Collins Ave Apt 1120
City: Sunny Isles Beach | State: FL | Zip Code: 33160
FEC ID number of contributing federal political committee.: C
Name of Employer: Jennifer Levin, P.A.
Occupation: Attorney
Receipt For: 2022
[x] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 03 / 27 / 2022
Transaction ID : SA11AI.8557
Amount of Each Receipt this Period: 500.00
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): John, Rogan, , ,
Mailing Address: 15010 S River Drive
City: Miami | State: FL | Zip Code: 33167
FEC ID number of contributing federal political committee.: C
Name of Employer: First Choice Marketing
Occupation: President
Receipt For: 2022
[x] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 03 / 31 / 2022
Transaction ID : SA11AI.8583
Amount of Each Receipt this Period: 1000.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED 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): Ketelie, Altena, , ,
Mailing Address: 2 Vig's Way
City: Worcester | State: MA | Zip Code: 01604
FEC ID number of contributing federal political committee: C
Name of Employer: DCF | Occupation: Social worker
Receipt For: 2022
[x] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 03 / 27 / 2022
Transaction ID : SA11AI.8559
Amount of Each Receipt this Period: 500.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Lesly, Kernisant, , ,
Mailing Address: 32 Pembroke Drive
City: Glen cove | State: NY | Zip Code: 11542
FEC ID number of contributing federal political committee: C
Name of Employer: MHHC | Occupation: MD
Receipt For: 2022
[x] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 03 / 27 / 2022
Transaction ID : SA11AI.8561
Amount of Each Receipt this Period: 250.00
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Michel, Dorval, Evans, ,
Mailing Address: 19471 SW 39th Street
City: Miramar | State: FL | Zip Code: 33029
FEC ID number of contributing federal political committee: C
Name of Employer: Doctors Medical Center | Occupation: Physician Assistant
Receipt For: 2022
[x] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1500.00
Date of Receipt: 03 / 30 / 2022
Transaction ID : SA11AI.8575
Amount of Each Receipt this Period: 1500.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2250.00

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): Mondaire for Congress
Mailing Address: 499 S Capitol St SW #407
City: Washington | State: DC | Zip Code: 20003
FEC ID number of contributing federal political committee: C
Name of Employer: | Occupation:
Receipt For: 2022
[x] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 03 / 29 / 2022
Transaction ID : SA11AI.8569
Amount of Each Receipt this Period: 1000.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Pamala, Ryan, , ,
Mailing Address: 5024 E Pine Way
City: Riviera Beach | State: FL | Zip Code: 33418
FEC ID number of contributing federal political committee: C
Name of Employer: Ottinot Law, P.A. | Occupation: Attorney
Receipt For: 2022
[x] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 2000.00
Date of Receipt: 03 / 30 / 2022
Transaction ID : SA11AI.8577
Amount of Each Receipt this Period: 2000.00
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Richard, Norwalk, , ,
Mailing Address: 10228 NW 66th Drive
City: Parkland | State: FL | Zip Code: 33076
FEC ID number of contributing federal political committee: C
Name of Employer: GL Homes | Occupation: Executive
Receipt For: 2022
[x] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 02 / 15 / 2022
Transaction ID : SA11AI.8541
Amount of Each Receipt this Period: 500.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 3500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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[ ] 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): Rosivoutha, DeJean, , ,
Mailing Address: 1380 SW 43rd Terrace
City: Lauderhill | State: FL | Zip Code: 33313
FEC ID number of contributing federal political committee: C
Name of Employer: AGRONA
Occupation: Marketing Consultant
Receipt For: 2022
[x] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 03 / 27 / 2022
Transaction ID : SA11AI.8563
Amount of Each Receipt this Period: 250.00
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Ruben, Alvarez, , ,
Mailing Address: 2651 W 79th Street
City: Hialeah | State: FL | Zip Code: 33016
FEC ID number of contributing federal political committee: C
Name of Employer: Central Air Control
Occupation: VP
Receipt For: 2022
[x] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 02 / 15 / 2022
Transaction ID : SA11AI.8543
Amount of Each Receipt this Period: 500.00
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Serge, Pierre-Louis, JC, ,
Mailing Address: 155 N. Harbor Dr
City: Chicago | State: IL | Zip Code: 60601
FEC ID number of contributing federal political committee: C
Name of Employer: Cook County Health
Occupation: Physician
Receipt For: 2022
[x] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 03 / 27 / 2022
Transaction ID : SA11AI.8565
Amount of Each Receipt this Period: 500.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

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
[ ] 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): Terrence, Wolfe, , ,
Mailing Address: 6800 SW 40th Street, 475
City: Miami | State: FL | Zip Code: 33155
FEC ID number of contributing federal political committee: C
Name of Employer: New Century Government Affairs
Occupation: Lobbyist
Receipt For: 2022
[x] Primary [ ] General
[ ] Other (specify)
Election Cycle-to-Date: 500.00
Date of Receipt: 03 / 13 / 2022
Transaction ID : SA11AI.8545
Amount of Each Receipt this Period: 500.00
[ ] 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) ▶ 500.00

TOTAL This Period (last page this line number only) ▶ 16400.00

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): CONGRESSIONAL BLACK CAUCUS PAC
Mailing Address: 1720 Massachusetts Ave NW
City: Washington | State: DC | Zip Code: 20033
FEC ID number of contributing federal political committee: C C00147512
Name of Employer:
Occupation:
Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 2500.00
Date of Receipt: 03 / 31 / 2022
Transaction ID : SA11C.10027
Amount of Each Receipt this Period: 2500.00
☐ Memo Item
Reattributed to PAC

B.
Full Name (Last, First, Middle Initial): ELECT DEMOCRATIC WOMEN
Mailing Address: 600 PENNSYLVANIA AVE SE #15180
City: WASHINGTON | State: DC | Zip Code: 20003
FEC ID number of contributing federal political committee: C C00685297
Name of Employer:
Occupation:
Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 5000.00
Date of Receipt: 03 / 17 / 2022
Transaction ID : SA11C.10033
Amount of Each Receipt this Period: 5000.00
☐ Memo Item
Reattribution to PAC

C.
Full Name (Last, First, Middle Initial): ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION OF OPERATING ENGINEERS
Mailing Address: 1125 17TH ST, NW
City: WASHINGTON | State: DC | Zip Code: 20036
FEC ID number of contributing federal political committee: C C00029504
Name of Employer:
Occupation:
Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 5000.00
Date of Receipt: 03 / 29 / 2022
Transaction ID : SA11C.10031
Amount of Each Receipt this Period: 5000.00
☐ Memo Item
Reattribution to PAC

SUBTOTAL of Receipts This Page (optional) ▶ 12500.00

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): VAL DEMINGS FOR U.S. SENATE
Mailing Address: PO BOX 536926
City: ORLANDO | State: FL | Zip Code: 32853
FEC ID number of contributing federal political committee: C C00590489
Name of Employer:
Occupation:
Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 1800.00
Date of Receipt: 02 / 02 / 2022
Transaction ID : SA11C.10020
Amount of Each Receipt this Period: 1800.00
☐ Memo Item
Report on correct line 11(c)

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) ▶ 1800.00

TOTAL This Period (last page this line number only) ▶ 14300.00

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

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

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

A.
Full Name (Last, First, Middle Initial): CHERFILUS-MCCORMICK, SHEILA, , ,
Mailing Address: 18612 SW 41ST STREET
City: MIRAMAR | State: FL | Zip Code: 33029
FEC ID number of contributing federal political committee: C H8FL20032
Name of Employer: TRINITY HEALTH CARE SERVICES
Occupation: CEO
Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 70000.00
Date of Receipt: 02 / 01 / 2022
Transaction ID : SA13A.8873
Amount of Each Receipt this Period: 25000.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): CHERFILUS-MCCORMICK, SHEILA, , ,
Mailing Address: 18612 SW 41ST STREET
City: MIRAMAR | State: FL | Zip Code: 33029
FEC ID number of contributing federal political committee: C H8FL20032
Name of Employer: TRINITY HEALTH CARE SERVICES
Occupation: CEO
Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 100000.00
Date of Receipt: 02 / 09 / 2022
Transaction ID : SA13A.8874
Amount of Each Receipt this Period: 30000.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial): CHERFILUS-MCCORMICK, SHEILA, , ,
Mailing Address: 18612 SW 41ST STREET
City: MIRAMAR | State: FL | Zip Code: 33029
FEC ID number of contributing federal political committee: C H8FL20032
Name of Employer: TRINITY HEALTH CARE SERVICES
Occupation: CEO
Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 110000.00
Date of Receipt: 02 / 14 / 2022
Transaction ID : SA13A.8875
Amount of Each Receipt this Period: 10000.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 65000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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

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

A.
Full Name (Last, First, Middle Initial): CHERFILUS-MCCORMICK, SHEILA, , ,
Mailing Address: 18612 SW 41ST STREET
City: MIRAMAR | State: FL | Zip Code: 33029
FEC ID number of contributing federal political committee: C H8FL20032
Name of Employer: TRINITY HEALTH CARE SERVICES
Occupation: CEO
Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 111000.00
Date of Receipt: 02 / 15 / 2022
Transaction ID : SA13A.8876
Amount of Each Receipt this Period: 1000.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): CHERFILUS-MCCORMICK, SHEILA, , ,
Mailing Address: 18612 SW 41ST STREET
City: MIRAMAR | State: FL | Zip Code: 33029
FEC ID number of contributing federal political committee: C H8FL20032
Name of Employer: TRINITY HEALTH CARE SERVICES
Occupation: CEO
Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 146000.00
Date of Receipt: 02 / 17 / 2022
Transaction ID : SA13A.8877
Amount of Each Receipt this Period: 35000.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial): CHERFILUS-MCCORMICK, SHEILA, , ,
Mailing Address: 18612 SW 41ST STREET
City: MIRAMAR | State: FL | Zip Code: 33029
FEC ID number of contributing federal political committee: C H8FL20032
Name of Employer: TRINITY HEALTH CARE SERVICES
Occupation: CEO
Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 151000.00
Date of Receipt: 03 / 01 / 2022
Transaction ID : SA13A.8878
Amount of Each Receipt this Period: 5000.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 41000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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

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

A.
Full Name (Last, First, Middle Initial): CHERFILUS-MCCORMICK, SHEILA, , ,
Mailing Address: 18612 SW 41ST STREET
City: MIRAMAR | State: FL | Zip Code: 33029
FEC ID number of contributing federal political committee: C H8FL20032
Name of Employer: TRINITY HEALTH CARE SERVICES
Occupation: CEO
Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 188000.00
Date of Receipt: 03 / 03 / 2022
Transaction ID : SA13A.8879
Amount of Each Receipt this Period: 37000.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): CHERFILUS-MCCORMICK, SHEILA, , ,
Mailing Address: 18612 SW 41ST STREET
City: MIRAMAR | State: FL | Zip Code: 33029
FEC ID number of contributing federal political committee: C H8FL20032
Name of Employer: TRINITY HEALTH CARE SERVICES
Occupation: CEO
Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 208000.00
Date of Receipt: 03 / 18 / 2022
Transaction ID : SA13A.8880
Amount of Each Receipt this Period: 20000.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial): CHERFILUS-MCCORMICK, SHEILA, , ,
Mailing Address: 18612 SW 41ST STREET
City: MIRAMAR | State: FL | Zip Code: 33029
FEC ID number of contributing federal political committee: C H8FL20032
Name of Employer: TRINITY HEALTH CARE SERVICES
Occupation: CEO
Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 213000.00
Date of Receipt: 03 / 25 / 2022
Transaction ID : SA13A.8881
Amount of Each Receipt this Period: 5000.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 62000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

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

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

A.
Full Name (Last, First, Middle Initial): CHERFILUS-MCCORMICK, SHEILA, , ,
Mailing Address: 18612 SW 41ST STREET
City: MIRAMAR | State: FL | Zip Code: 33029
FEC ID number of contributing federal political committee: C H8FL20032
Name of Employer: TRINITY HEALTH CARE SERVICES
Occupation: CEO
Receipt For: 2022
☒ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date: 613000.00
Date of Receipt: 03 / 31 / 2022
Transaction ID : SA13A.8882
Amount of Each Receipt this Period: 400000.00
☐ 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) ▶ 400000.00

TOTAL This Period (last page this line number only) ▶ 568000.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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): Accurate Business Systems
Mailing Address: 15725 NW 15th Ave
City: Miami Gardens | State: FL | Zip Code: 33169
Purpose of Disbursement: Printing/Signs
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 03 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 3000.00
Transaction ID : SB17.8764
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Accurate Business Systems
Mailing Address: 15725 NW 15th Ave
City: Miami Gardens | State: FL | Zip Code: 33169
Purpose of Disbursement: Printing/Signs
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 23 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 4529.80
Transaction ID : SB17.8762
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Accurate Business Systems
Mailing Address: 15725 NW 15th Ave
City: Miami Gardens | State: FL | Zip Code: 33169
Purpose of Disbursement: Printing/Signs
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 28 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 7000.00
Transaction ID : SB17.8763
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 14529.80

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

SCHEDULE B (FEC Form 3)
ITEMIZED 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): Alexandra, Aparicio, , ,
Mailing Address: 6380 Plunkett Street
City: Hollywood | State: FL | Zip Code: 33023
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 28 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 780.00
Transaction ID : SB17.8585
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Alexandra, Aparicio, , ,
Mailing Address: 6380 Plunkett Street
City: Hollywood | State: FL | Zip Code: 33023
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 11 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 560.00
Transaction ID : SB17.8586
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Alexandra, Aparicio, , ,
Mailing Address: 6380 Plunkett Street
City: Hollywood | State: FL | Zip Code: 33023
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 23 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 560.00
Transaction ID : SB17.8587
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1900.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED 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): Alexandra, Aparicio, , ,
Mailing Address: 6380 Plunkett Street
City: Hollywood | State: FL | Zip Code: 33023
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 31 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 400.00
Transaction ID : SB17.8588
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Arielle, Anderson, , ,
Mailing Address: 13146 SW 47th St
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 01 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 255.00
Transaction ID : SB17.8589
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Arielle, Anderson, , ,
Mailing Address: 13146 SW 47th St
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 08 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 340.00
Transaction ID : SB17.8590
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 995.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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): Arielle, Anderson, , ,
Mailing Address: 13146 SW 47th St
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 17 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 680.00
Transaction ID : SB17.8591
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Arielle, Anderson, , ,
Mailing Address: 13146 SW 47th St
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 03 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 340.00
Transaction ID : SB17.8592
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Arielle, Anderson, , ,
Mailing Address: 13146 SW 47th St
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 08 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 340.00
Transaction ID : SB17.8593
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1360.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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): Arielle, Anderson, , ,
Mailing Address: 13146 SW 47th St
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 15 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 340.00
Transaction ID : SB17.8594
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Arielle, Anderson, , ,
Mailing Address: 13146 SW 47th St
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 23 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 170.00
Transaction ID : SB17.8595
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Arielle, Anderson, , ,
Mailing Address: 13146 SW 47th St
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 28 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 170.00
Transaction ID : SB17.8596
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 680.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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): AT&T
Mailing Address: 208 S Akard Street #2954
City: Dallas | State: TX | Zip Code: 75202
Purpose of Disbursement: Internet Service
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 01 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 128.40
Transaction ID : SB17.8766
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): AT&T
Mailing Address: 208 S Akard Street #2954
City: Dallas | State: TX | Zip Code: 75202
Purpose of Disbursement: Internet Service
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 01 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 143.40
Transaction ID : SB17.8767
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): AT&T
Mailing Address: 208 S Akard Street #2954
City: Dallas | State: TX | Zip Code: 75202
Purpose of Disbursement: Internet Service
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 28 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 128.00
Transaction ID : SB17.8768
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 399.80

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

SCHEDULE B (FEC Form 3)
ITEMIZED 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): AT&T
Mailing Address: 208 S Akard Street #2954
City: Dallas | State: TX | Zip Code: 75202
Purpose of Disbursement: Internet Service
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 28 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 143.00
Transaction ID : SB17.8769
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): BB&T
Mailing Address: 3401 N Pine Island Rd
City: Sunrise | State: FL | Zip Code: 33351
Purpose of Disbursement: Bank Fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 02 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 36.00
Transaction ID : SB17.8774
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): BB&T
Mailing Address: 3401 N Pine Island Rd
City: Sunrise | State: FL | Zip Code: 33351
Purpose of Disbursement: Bank Fees
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 21 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 4.00
Transaction ID : SB17.8775
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 183.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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): Bianca, Gaspard, , ,
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 01 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 255.00
Transaction ID : SB17.8597
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Bianca, Gaspard, , ,
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 08 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 340.00
Transaction ID : SB17.8598
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Bianca, Gaspard, , ,
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 17 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 680.00
Transaction ID : SB17.8599
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1275.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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): Bianca, Gaspard, , ,
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 08 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 331.50
Transaction ID : SB17.8600
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Bianca, Gaspard, , ,
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 15 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 340.00
Transaction ID : SB17.8601
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Bianca, Gaspard, , ,
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 23 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 340.00
Transaction ID : SB17.8602
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1011.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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): Bianca, Gaspard, , ,
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 28 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 323.00
Transaction ID : SB17.8603
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Bianca, Gaspard, , ,
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 31 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 255.00
Transaction ID : SB17.8604
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Broward Democratic Party
Mailing Address: 8320 W Sunrise Blvd #203
City: Plantation | State: FL | Zip Code: 33322
Purpose of Disbursement: Donation
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 24 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 556.40
Transaction ID : SB17.8858
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1134.40

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

SCHEDULE B (FEC Form 3)
ITEMIZED 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): Broward Democratic Party
Mailing Address: 8320 W Sunrise Blvd #203
City: Plantation | State: FL | Zip Code: 33322
Purpose of Disbursement: Donation
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 28 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 2500.00
Transaction ID : SB17.8776
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Broward Democratic Party
Mailing Address: 8320 W Sunrise Blvd #203
City: Plantation | State: FL | Zip Code: 33322
Purpose of Disbursement: Donation
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 07 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 2500.00
Transaction ID : SB17.8777
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Catrese Special Services
Mailing Address: PO Box 681545 #110
City: Miami | State: FL | Zip Code: 33168
Purpose of Disbursement: Cleaning Service
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 17 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 145.00
Transaction ID : SB17.8781
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5145.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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): Catrese Special Services
Mailing Address: PO Box 681545 #110
City: Miami | State: FL | Zip Code: 33168
Purpose of Disbursement: Cleaning Service
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 10 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 145.00
Transaction ID : SB17.8782
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Catrese Special Services
Mailing Address: PO Box 681545 #110
City: Miami | State: FL | Zip Code: 33168
Purpose of Disbursement: Cleaning Service
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 10 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 145.00
Transaction ID : SB17.8783
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Catrese Special Services
Mailing Address: PO Box 681545 #110
City: Miami | State: FL | Zip Code: 33168
Purpose of Disbursement: Cleaning Service
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 18 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 70.00
Transaction ID : SB17.8784
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 360.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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): Catrese Special Services
Mailing Address: PO Box 681545 #110
City: Miami | State: FL | Zip Code: 33168
Purpose of Disbursement: Cleaning Service
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 24 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 145.00
Transaction ID : SB17.8785
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Catrese Special Services
Mailing Address: PO Box 681545 #110
City: Miami | State: FL | Zip Code: 33168
Purpose of Disbursement: Cleaning Service
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 31 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 145.00
Transaction ID : SB17.8786
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Checree, Bryant, , ,
Mailing Address: 890 Brandon Prescott Lane #205
City: West Palm Beach | State: FL | Zip Code: 33401
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 15 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 385.00
Transaction ID : SB17.8605
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 675.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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): Checree, Bryant, , ,
Mailing Address: 890 Brandon Prescott Lane #205
City: West Palm Beach | State: FL | Zip Code: 33401
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 25 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 800.00
Transaction ID : SB17.8606
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Checree, Bryant, , ,
Mailing Address: 890 Brandon Prescott Lane #205
City: West Palm Beach | State: FL | Zip Code: 33401
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 11 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 760.00
Transaction ID : SB17.8607
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Checree, Bryant, , ,
Mailing Address: 890 Brandon Prescott Lane #205
City: West Palm Beach | State: FL | Zip Code: 33401
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 21 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 700.00
Transaction ID : SB17.8608
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2260.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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): Checree, Bryant, , ,
Mailing Address: 890 Brandon Prescott Lane #205
City: West Palm Beach | State: FL | Zip Code: 33401
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 28 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 200.00
Transaction ID : SB17.8609
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Cheyenne, Claude, , ,
Mailing Address: 6027 SW 36th Ct #B
City: Miramar | State: FL | Zip Code: 33023
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 28 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 360.00
Transaction ID : SB17.8610
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Cheyenne, Claude, , ,
Mailing Address: 6027 SW 36th Ct #B
City: Miramar | State: FL | Zip Code: 33023
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 14 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 380.00
Transaction ID : SB17.8613
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 940.00

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): Cheyenne, Claude, , ,
Mailing Address: 6027 SW 36th Ct #B
City: Miramar | State: FL | Zip Code: 33023
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 14 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 80.00
Transaction ID : SB17.8614
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Cheyenne, Claude, , ,
Mailing Address: 6027 SW 36th Ct #B
City: Miramar | State: FL | Zip Code: 33023
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 21 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 390.00
Transaction ID : SB17.8611
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Clint, Galloway, , ,
Mailing Address: 6027 SW 36th Ct #B
City: Miramar | State: FL | Zip Code: 33023
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 16 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 400.00
Transaction ID : SB17.8617
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 870.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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): Clint, Galloway, , ,
Mailing Address: 6027 SW 36th Ct #B
City: Miramar | State: FL | Zip Code: 33023
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 28 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 880.00
Transaction ID : SB17.8618
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Clint, Galloway, , ,
Mailing Address: 6027 SW 36th Ct #B
City: Miramar | State: FL | Zip Code: 33023
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 15 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 820.00
Transaction ID : SB17.8619
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Clint, Galloway, , ,
Mailing Address: 6027 SW 36th Ct #B
City: Miramar | State: FL | Zip Code: 33023
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 21 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 720.00
Transaction ID : SB17.8620
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2420.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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): Constance, Gose, , ,
Mailing Address: 575 NE 5th Terrace #435
City: Fort Lauderdale | State: FL | Zip Code: 33301
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 01 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 340.00
Transaction ID : SB17.8622
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Constance, Gose, , ,
Mailing Address: 575 NE 5th Terrace #435
City: Fort Lauderdale | State: FL | Zip Code: 33301
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 01 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 250.00
Transaction ID : SB17.8623
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Constance, Gose, , ,
Mailing Address: 575 NE 5th Terrace #435
City: Fort Lauderdale | State: FL | Zip Code: 33301
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 22 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 595.00
Transaction ID : SB17.8624
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1185.00

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): Constance, Gose, , ,
Mailing Address: 575 NE 5th Terrace #435
City: Fort Lauderdale | State: FL | Zip Code: 33301
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 22 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 170.00
Transaction ID : SB17.8625
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Constance, Gose, , ,
Mailing Address: 575 NE 5th Terrace #435
City: Fort Lauderdale | State: FL | Zip Code: 33301
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 10 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 195.50
Transaction ID : SB17.8626
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Court Yard Office Plaza
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 03 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 4780.83
Transaction ID : SB17.8787
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5146.33

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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 Plaza
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 03 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 4780.83
Transaction ID : SB17.8788
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Cristina, Cardosa, , ,
Mailing Address: 10400 NW 30th Court #402
City: Sunrise | State: FL | Zip Code: 33322
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 07 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 255.00
Transaction ID : SB17.8627
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Cristina, Cardosa, , ,
Mailing Address: 10400 NW 30th Court #402
City: Sunrise | State: FL | Zip Code: 33322
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 14 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 255.00
Transaction ID : SB17.8628
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5290.83

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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): Cristina, Cardosa, , ,
Mailing Address: 10400 NW 30th Court #402
City: Sunrise | State: FL | Zip Code: 33322
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 22 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 595.00
Transaction ID : SB17.8629
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Cristina, Cardosa, , ,
Mailing Address: 10400 NW 30th Court #402
City: Sunrise | State: FL | Zip Code: 33322
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 09 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 340.00
Transaction ID : SB17.8630
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Cristina, Cardosa, , ,
Mailing Address: 10400 NW 30th Court #402
City: Sunrise | State: FL | Zip Code: 33322
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 18 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 255.00
Transaction ID : SB17.8631
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1190.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED 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): Cristina, Cardosa, , ,
Mailing Address: 10400 NW 30th Court #402
City: Sunrise | State: FL | Zip Code: 33322
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 28 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 170.00
Transaction ID : SB17.8632
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Critical Mention Inc,
Mailing Address: 521 5th Avenue 16th Floor
City: New York | State: NY | Zip Code: 10175
Purpose of Disbursement: Software
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 15 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 6000.00
Transaction ID : SB17.8790
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Deluxe
Mailing Address: 3680 Victoria Street
City: Northshoreview | State: MN | Zip Code: 55126
Purpose of Disbursement: Bank Checks
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 10 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 228.84
Transaction ID : SB17.8791
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 6398.84

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

SCHEDULE B (FEC Form 3)
ITEMIZED 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): Denise, Shields, , ,
Mailing Address: 1232 Golfside Drive
City: Winter Park | State: FL | Zip Code: 32792
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 14 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 420.00
Transaction ID : SB17.8633
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Denise, Shields, , ,
Mailing Address: 1232 Golfside Drive
City: Winter Park | State: FL | Zip Code: 32792
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 28 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 700.00
Transaction ID : SB17.8634
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Denise, Shields, , ,
Mailing Address: 1232 Golfside Drive
City: Winter Park | State: FL | Zip Code: 32792
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 14 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 900.00
Transaction ID : SB17.8635
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2020.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED 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): Denise, Shields, , ,
Mailing Address: 1232 Golfside Drive
City: Winter Park | State: FL | Zip Code: 32792
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 21 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 522.00
Transaction ID : SB17.8636
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): DOORDASH
Mailing Address: 901 Market Street #6
City: San Francisco | State: CA | Zip Code: 94103
Purpose of Disbursement: Food for Staff
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 01 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 9.99
Transaction ID : SB17.8792
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): DOORDASH
Mailing Address: 901 Market Street #6
City: San Francisco | State: CA | Zip Code: 94103
Purpose of Disbursement: Food for Staff
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 04 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 76.66
Transaction ID : SB17.8793
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 608.65

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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[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): DOORDASH
Mailing Address: 901 Market Street #6
City: San Francisco | State: CA | Zip Code: 94103
Purpose of Disbursement: Food for Staff
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 07 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 50.40
Transaction ID : SB17.8794
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): DOORDASH
Mailing Address: 901 Market Street #6
City: San Francisco | State: CA | Zip Code: 94103
Purpose of Disbursement: Food for Staff
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 07 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 35.49
Transaction ID : SB17.8795
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): DOORDASH
Mailing Address: 901 Market Street #6
City: San Francisco | State: CA | Zip Code: 94103
Purpose of Disbursement: Food for Staff
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 07 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 49.64
Transaction ID : SB17.8796
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 135.53

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

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

A.
Full Name (Last, First, Middle Initial): DOORDASH
Mailing Address: 901 Market Street #6
City: San Francisco | State: CA | Zip Code: 94103
Purpose of Disbursement: Food for Staff
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 08 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 63.93
Transaction ID : SB17.8797
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): DOORDASH
Mailing Address: 901 Market Street #6
City: San Francisco | State: CA | Zip Code: 94103
Purpose of Disbursement: Food for Staff
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 10 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 22.98
Transaction ID : SB17.8798
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): DOORDASH
Mailing Address: 901 Market Street #6
City: San Francisco | State: CA | Zip Code: 94103
Purpose of Disbursement: Food for Staff
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 10 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 97.97
Transaction ID : SB17.8799
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 184.88

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

SCHEDULE B (FEC Form 3)
ITEMIZED 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): DOORDASH
Mailing Address: 901 Market Street #6
City: San Francisco | State: CA | Zip Code: 94103
Purpose of Disbursement: Food for Staff
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 11 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 134.55
Transaction ID : SB17.8800
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): DOORDASH
Mailing Address: 901 Market Street #6
City: San Francisco | State: CA | Zip Code: 94103
Purpose of Disbursement: Food for Staff
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 16 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 136.63
Transaction ID : SB17.8801
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): DOORDASH
Mailing Address: 901 Market Street #6
City: San Francisco | State: CA | Zip Code: 94103
Purpose of Disbursement: Food for Staff
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 18 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 19.90
Transaction ID : SB17.8802
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 291.08

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): DOORDASH
Mailing Address: 901 Market Street #6
City: San Francisco | State: CA | Zip Code: 94103
Purpose of Disbursement: Food for Staff
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 22 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 36.30
Transaction ID : SB17.8803
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): DOORDASH
Mailing Address: 901 Market Street #6
City: San Francisco | State: CA | Zip Code: 94103
Purpose of Disbursement: Food for Staff
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 28 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 22.37
Transaction ID : SB17.8804
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): DOORDASH
Mailing Address: 901 Market Street #6
City: San Francisco | State: CA | Zip Code: 94103
Purpose of Disbursement: Food for Staff
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 28 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 15.70
Transaction ID : SB17.8805
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 74.37

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): DOORDASH
Mailing Address: 901 Market Street #6
City: San Francisco | State: CA | Zip Code: 94103
Purpose of Disbursement: Food for Staff
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 28 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 50.26
Transaction ID : SB17.8806
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): DOORDASH
Mailing Address: 901 Market Street #6
City: San Francisco | State: CA | Zip Code: 94103
Purpose of Disbursement: Food for Staff
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 01 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 9.99
Transaction ID : SB17.8807
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): DOORDASH
Mailing Address: 901 Market Street #6
City: San Francisco | State: CA | Zip Code: 94103
Purpose of Disbursement: Food for Staff
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 04 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 20.38
Transaction ID : SB17.8808
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 80.63

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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): DOORDASH
Mailing Address: 901 Market Street #6
City: San Francisco | State: CA | Zip Code: 94103
Purpose of Disbursement: Food for Staff
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 07 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 84.94
Transaction ID : SB17.8809
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): DOORDASH
Mailing Address: 901 Market Street #6
City: San Francisco | State: CA | Zip Code: 94103
Purpose of Disbursement: Food for Staff
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 07 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 18.42
Transaction ID : SB17.8810
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): DOORDASH
Mailing Address: 901 Market Street #6
City: San Francisco | State: CA | Zip Code: 94103
Purpose of Disbursement: Food for Staff
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 07 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 19.47
Transaction ID : SB17.8811
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 122.83

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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): DOORDASH
Mailing Address: 901 Market Street #6
City: San Francisco | State: CA | Zip Code: 94103
Purpose of Disbursement: Food for Staff
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 07 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 113.10
Transaction ID : SB17.8812
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): DOORDASH
Mailing Address: 901 Market Street #6
City: San Francisco | State: CA | Zip Code: 94103
Purpose of Disbursement: Food for Staff
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 10 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 49.55
Transaction ID : SB17.8813
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): DOORDASH
Mailing Address: 901 Market Street #6
City: San Francisco | State: CA | Zip Code: 94103
Purpose of Disbursement: Food for Staff
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 14 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 49.39
Transaction ID : SB17.8814
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 212.04

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

SCHEDULE B (FEC Form 3)
ITEMIZED 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): DOORDASH
Mailing Address: 901 Market Street #6
City: San Francisco | State: CA | Zip Code: 94103
Purpose of Disbursement: Food for Staff
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 18 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 52.82
Transaction ID : SB17.8815
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): DOORDASH
Mailing Address: 901 Market Street #6
City: San Francisco | State: CA | Zip Code: 94103
Purpose of Disbursement: Food for Staff
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 21 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 46.80
Transaction ID : SB17.8816
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): DOORDASH
Mailing Address: 901 Market Street #6
City: San Francisco | State: CA | Zip Code: 94103
Purpose of Disbursement: Food for Staff
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 21 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 29.89
Transaction ID : SB17.8817
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 129.51

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): DOORDASH
Mailing Address: 901 Market Street #6
City: San Francisco | State: CA | Zip Code: 94103
Purpose of Disbursement: Food for Staff
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 22 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 68.55
Transaction ID : SB17.8818
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): DOORDASH
Mailing Address: 901 Market Street #6
City: San Francisco | State: CA | Zip Code: 94103
Purpose of Disbursement: Food for Staff
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 22 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 35.01
Transaction ID : SB17.8819
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): DOORDASH
Mailing Address: 901 Market Street #6
City: San Francisco | State: CA | Zip Code: 94103
Purpose of Disbursement: Food for Staff
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 28 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 23.00
Transaction ID : SB17.8820
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 126.56

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): DOORDASH
Mailing Address: 901 Market Street #6
City: San Francisco | State: CA | Zip Code: 94103
Purpose of Disbursement: Food for Staff
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 28 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 39.00
Transaction ID : SB17.8821
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): DOORDASH
Mailing Address: 901 Market Street #6
City: San Francisco | State: CA | Zip Code: 94103
Purpose of Disbursement: Food for Staff
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 28 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 264.00
Transaction ID : SB17.8822
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): DOORDASH
Mailing Address: 901 Market Street #6
City: San Francisco | State: CA | Zip Code: 94103
Purpose of Disbursement: Food for Staff
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 28 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 48.00
Transaction ID : SB17.8823
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 351.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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): Emily, Dray, , ,
Mailing Address: 310 NW 197th Ave
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 22 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 372.00
Transaction ID : SB17.8638
[ ] 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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 03 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 1741.14
Transaction ID : SB17.8824
[ ] 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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 10 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 875.00
Transaction ID : SB17.8825
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2988.14

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

SCHEDULE B (FEC Form 3)
ITEMIZED 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): 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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 17 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 1015.34
Transaction ID : SB17.8826
[ ] 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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 24 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 1500.00
Transaction ID : SB17.8827
[ ] 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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 01 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 1202.70
Transaction ID : SB17.8828
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3718.04

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the 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): 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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 08 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 875.00
Transaction ID : SB17.8829
[ ] 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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 18 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 875.00
Transaction ID : SB17.8830
[ ] Memo Item

C. 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 Consulting
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 07 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 700.00
Transaction ID : SB17.8832
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2450.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the 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 Consulting
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 22 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 1400.00
Transaction ID : SB17.8836
[ ] 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 Consulting
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 22 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 700.00
Transaction ID : SB17.8837
[ ] Memo Item

C.
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 Consulting
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 01 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 700.00
Transaction ID : SB17.8833
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2800.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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 Consulting
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 15 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 700.00
Transaction ID : SB17.8834
[ ] 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 Consulting
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 23 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 700.00
Transaction ID : SB17.8835
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): G4 Consulting
Mailing Address: 19485 SW 67th Street
City: Pembroke Pines | State: FL | Zip Code: 33332
Purpose of Disbursement: Campaign Consulting
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 01 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 1400.00
Transaction ID : SB17.8524
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2800.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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): Giovanna, Santo, , ,
Mailing Address: 16760 SW 36th Court
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 08 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 60.00
Transaction ID : SB17.8642
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Giovanna, Santo, , ,
Mailing Address: 16760 SW 36th Court
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 16 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 60.00
Transaction ID : SB17.8641
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Giovanna, Santo, , ,
Mailing Address: 16760 SW 36th Court
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 22 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 75.00
Transaction ID : SB17.8643
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 195.00

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): Grant, Zanolee, , ,
Mailing Address: 407 W Woodscape Drive
City: Miramar | State: FL | Zip Code: 33023
Purpose of Disbursement: Campaign Consulting
Candidate Name: SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC
Category/Type:
Office Sought: [x] House [ ] Senate [ ] President
State: FL District: 20
Disbursement For: 2022 [ ] Primary [ ] General [x] Other (specify) Special-General
Date of Disbursement: 02 / 01 / 2022
FEC Identification Number: C C00677492
Amount of Each Disbursement this Period: 2500.00
Transaction ID : SB17.8535
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Guerda, Jules, , ,
Mailing Address: 7331 Plantation Blvd
City: Miramar | State: FL | Zip Code: 33023
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 04 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 305.00
Transaction ID : SB17.8644
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Guerda, Jules, , ,
Mailing Address: 7331 Plantation Blvd
City: Miramar | State: FL | Zip Code: 33023
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 22 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 200.00
Transaction ID : SB17.8645
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3005.00

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): Guerda, Jules, , ,
Mailing Address: 7331 Plantation Blvd
City: Miramar | State: FL | Zip Code: 33023
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 28 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 920.00
Transaction ID : SB17.8646
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Guerda, Jules, , ,
Mailing Address: 7331 Plantation Blvd
City: Miramar | State: FL | Zip Code: 33023
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 14 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 860.00
Transaction ID : SB17.8647
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Guerda, Jules, , ,
Mailing Address: 7331 Plantation Blvd
City: Miramar | State: FL | Zip Code: 33023
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 21 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 572.00
Transaction ID : SB17.8648
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2352.00

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): HILTON
Mailing Address: 201 S Christopher Columbus Blvd
City: Philadelphia | State: PA | Zip Code: 19106
Purpose of Disbursement: Travel
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 28 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 1725.00
Transaction ID : SB17.8841
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Human Scale Strategies LLC
Mailing Address: 3493 NW 68th St
City: Miami | State: FL | Zip Code: 33147
Purpose of Disbursement: Phone Bank
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 18 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 5000.00
Transaction ID : SB17.8843
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Jacquette, Barber, , ,
Mailing Address: 727 W Tiffany Drive
City: Mangonia Park | State: FL | Zip Code: 33407
Purpose of Disbursement: Campaign Consulting
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 16 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 1750.00
Transaction ID : SB17.8649
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 8475.00

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): Jacquette, Barber, , ,
Mailing Address: 727 W Tiffany Drive
City: Mangonia Park | State: FL | Zip Code: 33407
Purpose of Disbursement: Campaign Consulting
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 01 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 1750.00
Transaction ID : SB17.8650
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Jacquette, Barber, , ,
Mailing Address: 727 W Tiffany Drive
City: Mangonia Park | State: FL | Zip Code: 33407
Purpose of Disbursement: Campaign Consulting
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 14 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 1750.00
Transaction ID : SB17.8651
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Jacquette, Barber, , ,
Mailing Address: 727 W Tiffany Drive
City: Mangonia Park | State: FL | Zip Code: 33407
Purpose of Disbursement: Campaign Consulting
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 18 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 875.00
Transaction ID : SB17.8652
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4375.00

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): Jacquette, Barber, , ,
Mailing Address: 727 W Tiffany Drive
City: Mangonia Park | State: FL | Zip Code: 33407
Purpose of Disbursement: Campaign Consulting
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 25 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 875.00
Transaction ID : SB17.8653
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Jeffrey, Romeu, , ,
Mailing Address: 9055 SW 73rd Court
City: Miami | State: FL | Zip Code: 33156
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 04 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 800.00
Transaction ID : SB17.8654
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Jeffrey, Romeu, , ,
Mailing Address: 9055 SW 73rd Court
City: Miami | State: FL | Zip Code: 33156
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 09 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 800.00
Transaction ID : SB17.8655
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2475.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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): Jeffrey, Romeu, , ,
Mailing Address: 9055 SW 73rd Court
City: Miami | State: FL | Zip Code: 33156
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 11 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 3500.00
Transaction ID : SB17.8656
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Jeffrey, Romeu, , ,
Mailing Address: 9055 SW 73rd Court
City: Miami | State: FL | Zip Code: 33156
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 17 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 1200.00
Transaction ID : SB17.8657
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Jeffrey, Romeu, , ,
Mailing Address: 9055 SW 73rd Court
City: Miami | State: FL | Zip Code: 33156
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 01 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 400.00
Transaction ID : SB17.8658
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5100.00

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): Jeffrey, Romeu, , ,
Mailing Address: 9055 SW 73rd Court
City: Miami | State: FL | Zip Code: 33156
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 09 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 800.00
Transaction ID : SB17.8659
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Jeffrey, Romeu, , ,
Mailing Address: 9055 SW 73rd Court
City: Miami | State: FL | Zip Code: 33156
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 11 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 3500.00
Transaction ID : SB17.8660
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Jeffrey, Romeu, , ,
Mailing Address: 9055 SW 73rd Court
City: Miami | State: FL | Zip Code: 33156
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 16 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 800.00
Transaction ID : SB17.8661
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5100.00

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): Jeffrey, Romeu, , ,
Mailing Address: 9055 SW 73rd Court
City: Miami | State: FL | Zip Code: 33156
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 22 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 800.00
Transaction ID : SB17.8662
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Jeffrey, Romeu, , ,
Mailing Address: 9055 SW 73rd Court
City: Miami | State: FL | Zip Code: 33156
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 28 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 800.00
Transaction ID : SB17.8663
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Jerry, Robertson, , ,
Mailing Address: 825 29th Street
City: West Palm Beach | State: FL | Zip Code: 33407
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 15 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 400.00
Transaction ID : SB17.8664
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2000.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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): Jerry, Robertson, , ,
Mailing Address: 825 29th Street
City: West Palm Beach | State: FL | Zip Code: 33407
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 02 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 900.00
Transaction ID : SB17.8665
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Jerry, Robertson, , ,
Mailing Address: 825 29th Street
City: West Palm Beach | State: FL | Zip Code: 33407
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 16 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 860.00
Transaction ID : SB17.8666
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Jerry, Robertson, , ,
Mailing Address: 825 29th Street
City: West Palm Beach | State: FL | Zip Code: 33407
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 22 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 480.00
Transaction ID : SB17.8667
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2240.00

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): JETBLUE
Mailing Address: 2701 Queen Plaza North
City: Queens | State: NY | Zip Code: 11101
Purpose of Disbursement: Travel
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 02 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 273.60
Transaction ID : SB17.8844
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Johanna, LaBlanc, , ,
Mailing Address: 5911 Edsall Rd Apt 1106
City: Alexandria | State: VA | Zip Code: 22304
Purpose of Disbursement: Legal
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 14 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 3538.46
Transaction ID : SB17.8669
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Kameron, Doganieri, , ,
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 17 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 425.00
Transaction ID : SB17.8671
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4237.06

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): Kameron, Doganieri, , ,
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 08 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 263.50
Transaction ID : SB17.8672
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Kameron, Doganieri, , ,
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 15 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 216.75
Transaction ID : SB17.8673
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Kameron, Doganieri, , ,
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 22 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 102.00
Transaction ID : SB17.8674
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 582.25

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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): Karina, La Fauci, , ,
Mailing Address: 925 NW 199th Terrace
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 09 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 130.00
Transaction ID : SB17.8677
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Karina, La Fauci, , ,
Mailing Address: 925 NW 199th Terrace
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 24 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 150.00
Transaction ID : SB17.8678
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Karina, La Fauci, , ,
Mailing Address: 925 NW 199th Terrace
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 14 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 135.00
Transaction ID : SB17.8679
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 415.00

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): Karina, La Fauci, , ,
Mailing Address: 925 NW 199th Terrace
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 21 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 138.75
Transaction ID : SB17.8680
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Kathrine, White, , ,
Mailing Address: 200 SW 6th Ave
City: North Lauderdale | State: FL | Zip Code: 33068
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 03 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 400.00
Transaction ID : SB17.8681
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Kathrine, White, , ,
Mailing Address: 200 SW 6th Ave
City: North Lauderdale | State: FL | Zip Code: 33068
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 09 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 750.00
Transaction ID : SB17.8683
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1288.75

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the 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): Kathrine, White, , ,
Mailing Address: 200 SW 6th Ave
City: North Lauderdale | State: FL | Zip Code: 33068
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 18 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 900.00
Transaction ID : SB17.8684
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Kathrine, White, , ,
Mailing Address: 200 SW 6th Ave
City: North Lauderdale | State: FL | Zip Code: 33068
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 08 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 450.00
Transaction ID : SB17.8685
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Kathrine, White, , ,
Mailing Address: 200 SW 6th Ave
City: North Lauderdale | State: FL | Zip Code: 33068
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 16 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 450.00
Transaction ID : SB17.8686
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1800.00

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): Kathrine, White, , ,
Mailing Address: 200 SW 6th Ave
City: North Lauderdale | State: FL | Zip Code: 33068
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 24 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 450.00
Transaction ID : SB17.8687
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Kathrine, White, , ,
Mailing Address: 200 SW 6th Ave
City: North Lauderdale | State: FL | Zip Code: 33068
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 28 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 450.00
Transaction ID : SB17.8682
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Kronos Films
Mailing Address: 12600 SW 5th Ct #415
City: Pembroke Pines | State: FL | Zip Code: 33027
Purpose of Disbursement: Video Production
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 07 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 800.00
Transaction ID : SB17.8847
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1700.00

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): Kronos Films
Mailing Address: 12600 SW 5th Ct #415
City: Pembroke Pines | State: FL | Zip Code: 33027
Purpose of Disbursement: Video Production
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 17 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 1200.00
Transaction ID : SB17.8848
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Kronos Films
Mailing Address: 12600 SW 5th Ct #415
City: Pembroke Pines | State: FL | Zip Code: 33027
Purpose of Disbursement: Video Production
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 28 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 400.00
Transaction ID : SB17.8849
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Kronos Films
Mailing Address: 12600 SW 5th Ct #415
City: Pembroke Pines | State: FL | Zip Code: 33027
Purpose of Disbursement: Video Production
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 10 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 800.00
Transaction ID : SB17.8851
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2400.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED 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): Kronos Films
Mailing Address: 12600 SW 5th Ct #415
City: Pembroke Pines | State: FL | Zip Code: 33027
Purpose of Disbursement: Video Production
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 23 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 800.00
Transaction ID : SB17.8845
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Kronos Films
Mailing Address: 12600 SW 5th Ct #415
City: Pembroke Pines | State: FL | Zip Code: 33027
Purpose of Disbursement: Video Production
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 23 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 700.00
Transaction ID : SB17.8846
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Kronos Films
Mailing Address: 12600 SW 5th Ct #415
City: Pembroke Pines | State: FL | Zip Code: 33027
Purpose of Disbursement: Video Production
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 28 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 800.00
Transaction ID : SB17.8850
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2300.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED 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): Manny, Hartman, , ,
Mailing Address: 3131 SW 16th Terrace
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 01 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 1000.00
Transaction ID : SB17.8690
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Manny, Hartman, , ,
Mailing Address: 3131 SW 16th Terrace
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 09 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 1000.00
Transaction ID : SB17.8691
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Manny, Hartman, , ,
Mailing Address: 3131 SW 16th Terrace
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 17 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 1500.00
Transaction ID : SB17.8692
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3500.00

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): Manny, Hartman, , ,
Mailing Address: 3131 SW 16th Terrace
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 10 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 500.00
Transaction ID : SB17.8693
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Manny, Hartman, , ,
Mailing Address: 3131 SW 16th Terrace
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 17 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 1000.00
Transaction ID : SB17.8694
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Manny, Hartman, , ,
Mailing Address: 3131 SW 16th Terrace
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 24 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 1000.00
Transaction ID : SB17.8695
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2500.00

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): Marilyn, Rodriguez, , ,
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 02 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 250.00
Transaction ID : SB17.8698
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Marilyn, Rodriguez, , ,
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 02 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 255.00
Transaction ID : SB17.8699
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Marilyn, Rodriguez, , ,
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 02 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 255.00
Transaction ID : SB17.8700
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 760.00

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): Marilyn, Rodriguez, , ,
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 11 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 340.00
Transaction ID : SB17.8701
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Marilyn, Rodriguez, , ,
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 18 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 680.00
Transaction ID : SB17.8702
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Marilyn, Rodriguez, , ,
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 09 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 340.00
Transaction ID : SB17.8703
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1360.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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): Marilyn, Rodriguez, , ,
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 15 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 340.00
Transaction ID : SB17.8704
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Marilyn, Rodriguez, , ,
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 24 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 340.00
Transaction ID : SB17.8705
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Marina, Umana, , ,
Mailing Address: 4220 SW 135th St
City: Miami | State: FL | Zip Code: 33175
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 22 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 934.00
Transaction ID : SB17.8707
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1614.00

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): Mexca, Fils-Aime, , ,
Mailing Address: 37 NE 53rd St
City: Miami | State: FL | Zip Code: 33137
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 09 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 572.00
Transaction ID : SB17.8710
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Mexca, Fils-Aime, , ,
Mailing Address: 37 NE 53rd St
City: Miami | State: FL | Zip Code: 33137
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 18 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 180.00
Transaction ID : SB17.8712
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Mexca, Fils-Aime, , ,
Mailing Address: 37 NE 53rd St
City: Miami | State: FL | Zip Code: 33137
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 30 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 70.00
Transaction ID : SB17.8711
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 822.00

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): Mitchell Ceasar P.A.
Mailing Address: 8181 West Broward Blvd Suite 370
City: Plantation | State: FL | Zip Code: 33324
Purpose of Disbursement: Legal
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 07 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 6000.00
Transaction ID : SB17.8855
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Mitchell Ceasar P.A.
Mailing Address: 8181 West Broward Blvd Suite 370
City: Plantation | State: FL | Zip Code: 33324
Purpose of Disbursement: Legal
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 14 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 6000.00
Transaction ID : SB17.8856
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Nadege, Leblanc, , ,
Mailing Address: 13146 SW 47th St
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 07 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 378.86
Transaction ID : SB17.8714
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 12378.86

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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): Palm Beach Democratic Party
Mailing Address: 1195 N. Military Trail. Suite 4A
City: West Palm Beach | State: FL | Zip Code: 33409
Purpose of Disbursement: Donation
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 07 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 2000.00
Transaction ID : SB17.8857
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Percipi Global
Mailing Address: 208 Farragut St NW
City: Washington | State: DC | Zip Code: 20011
Purpose of Disbursement: Campaign Consulting
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 07 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 3000.00
Transaction ID : SB17.8860
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Percipi Global
Mailing Address: 208 Farragut St NW
City: Washington | State: DC | Zip Code: 20011
Purpose of Disbursement: Campaign Consulting
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 07 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 2500.00
Transaction ID : SB17.8861
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

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): Percipi Global
Mailing Address: 208 Farragut St NW
City: Washington | State: DC | Zip Code: 20011
Purpose of Disbursement: Campaign Consulting
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 11 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 2500.00
Transaction ID : SB17.8862
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Ricardo, Valdez, , ,
Mailing Address: 12600 SW 5th Ct #415
City: Pembroke Pines | State: FL | Zip Code: 33027
Purpose of Disbursement: Video Production
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 16 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 800.00
Transaction ID : SB17.8716
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Rosanne, Alleyen, , ,
Mailing Address: 5040 NE 7th Terrace
City: Pompano Beach | State: FL | Zip Code: 33064
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 08 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 250.00
Transaction ID : SB17.8718
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3550.00

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): Rosanne, Alleyen, , ,
Mailing Address: 5040 NE 7th Terrace
City: Pompano Beach | State: FL | Zip Code: 33064
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 28 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 620.00
Transaction ID : SB17.8719
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Rosanne, Alleyen, , ,
Mailing Address: 5040 NE 7th Terrace
City: Pompano Beach | State: FL | Zip Code: 33064
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 14 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 760.00
Transaction ID : SB17.8720
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Samantha, Feldman, , ,
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 03 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 238.00
Transaction ID : SB17.8721
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1618.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the 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): Samantha, Feldman, , ,
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 08 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 195.50
Transaction ID : SB17.8722
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Samantha, Feldman, , ,
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 17 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 425.00
Transaction ID : SB17.8723
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Samantha, Feldman, , ,
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 08 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 263.50
Transaction ID : SB17.8724
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 884.00

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): Samantha, Feldman, , ,
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 15 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 216.75
Transaction ID : SB17.8725
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Samantha, Feldman, , ,
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 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 28 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 102.00
Transaction ID : SB17.8726
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Sherri, Butler, , ,
Mailing Address: 7892 Dixie Beach Circle
City: Tamarac | State: FL | Zip Code: 33321
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 03 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 255.00
Transaction ID : SB17.8728
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 573.75

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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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): Sherri, Butler, , ,
Mailing Address: 7892 Dixie Beach Circle
City: Tamarac | State: FL | Zip Code: 33321
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 03 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 255.00
Transaction ID : SB17.8729
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Sherri, Butler, , ,
Mailing Address: 7892 Dixie Beach Circle
City: Tamarac | State: FL | Zip Code: 33321
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 17 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 680.00
Transaction ID : SB17.8730
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Sherri, Butler, , ,
Mailing Address: 7892 Dixie Beach Circle
City: Tamarac | State: FL | Zip Code: 33321
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 17 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 340.00
Transaction ID : SB17.8731
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1275.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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): Sherri, Butler, , ,
Mailing Address: 7892 Dixie Beach Circle
City: Tamarac | State: FL | Zip Code: 33321
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 15 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 340.00
Transaction ID : SB17.8732
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Sherri, Butler, , ,
Mailing Address: 7892 Dixie Beach Circle
City: Tamarac | State: FL | Zip Code: 33321
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 15 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 340.00
Transaction ID : SB17.8733
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Sherri, Butler, , ,
Mailing Address: 7892 Dixie Beach Circle
City: Tamarac | State: FL | Zip Code: 33321
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 23 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 340.00
Transaction ID : SB17.8734
[ ] 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): Sherri, Butler, , ,
Mailing Address: 7892 Dixie Beach Circle
City: Tamarac | State: FL | Zip Code: 33321
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 28 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 340.00
Transaction ID : SB17.8727
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Sistrunk Historial Organization
Mailing Address: PO Box 1122
City: Fort Lauderdale | State: FL | Zip Code: 33302
Purpose of Disbursement: Donation
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 25 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 250.00
Transaction ID : SB17.8864
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Sky Administration Inc.
Mailing Address: 401 N Rosemary Ave
City: West Palm Beach | State: FL | Zip Code: 33401
Purpose of Disbursement: Rent
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 23 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 2150.00
Transaction ID : SB17.8865
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2740.00

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): Sky Administrations Inc.
Mailing Address: 401 N Rosemary Ave
City: West Palm Beach | State: FL | Zip Code: 33401
Purpose of Disbursement: Rent
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 09 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 2175.00
Transaction ID : SB17.8867
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Sophia, Seguin, , ,
Mailing Address: 9410 NW 8th Street
City: Pembroke Pines | State: FL | Zip Code: 33024
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 03 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 150.00
Transaction ID : SB17.8738
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Sophia, Seguin, , ,
Mailing Address: 9410 NW 8th Street
City: Pembroke Pines | State: FL | Zip Code: 33024
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 17 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 135.00
Transaction ID : SB17.8739
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2460.00

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): Sophia, Seguin, , ,
Mailing Address: 9410 NW 8th Street
City: Pembroke Pines | State: FL | Zip Code: 33024
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 28 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 139.00
Transaction ID : SB17.8740
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Southwest
Mailing Address: 2702 Love Field Dr.
City: Dallas | State: TX | Zip Code: 75235
Purpose of Disbursement: Travel
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 07 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 259.98
Transaction ID : SB17.8868
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): SQUARESPACE INC.
Mailing Address: Eight Clarkson St 12th Floor
City: New York | State: NY | Zip Code: 10014
Purpose of Disbursement: Advertising
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 11 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 4500.00
Transaction ID : SB17.8869
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4898.98

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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): Susan, Sponnoble, , ,
Mailing Address: 8610 S. Southgate Shores Circle
City: Tamarac | State: FL | Zip Code: 33321
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 04 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 250.00
Transaction ID : SB17.8741
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Susan, Sponnoble, , ,
Mailing Address: 8610 S. Southgate Shores Circle
City: Tamarac | State: FL | Zip Code: 33321
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 08 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 650.00
Transaction ID : SB17.8742
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Susan, Sponnoble, , ,
Mailing Address: 8610 S. Southgate Shores Circle
City: Tamarac | State: FL | Zip Code: 33321
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 22 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 540.00
Transaction ID : SB17.8743
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1440.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the 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): Twana, McCormick, , ,
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
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 03 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 950.00
Transaction ID : SB17.8744
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Twana, McCormick, , ,
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
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 09 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 950.00
Transaction ID : SB17.8745
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Twana, McCormick, , ,
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
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 16 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 1900.00
Transaction ID : SB17.8746
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3800.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED 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): Twana, McCormick, , ,
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
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 04 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 950.00
Transaction ID : SB17.8747
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Twana, McCormick, , ,
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
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 11 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 950.00
Transaction ID : SB17.8748
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Twana, McCormick, , ,
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
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 18 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 950.00
Transaction ID : SB17.8751
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2850.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary 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): Twana, McCormick, , ,
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
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 22 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 950.00
Transaction ID : SB17.8750
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Twana, McCormick, , ,
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
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 28 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 950.00
Transaction ID : SB17.8749
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Willis, Howard, , ,
Mailing Address: 15700 NW 37th Ct.
City: Miami Gardens | State: FL | Zip Code: 33054
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 02 / 18 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 2300.00
Transaction ID : SB17.8754
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4200.00

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): Willis, Howard, , ,
Mailing Address: 15700 NW 37th Ct.
City: Miami Gardens | State: FL | Zip Code: 33054
Purpose of Disbursement: Wages
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 10 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 5000.00
Transaction ID : SB17.8755
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Zanolee, Grant, , ,
Mailing Address: 4007 W Woodscape Dr
City: Miramar | State: FL | Zip Code: 33023
Purpose of Disbursement: Campaign Consulting
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 02 / D D 14 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 2500.00
Transaction ID : SB17.8756
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Zanolee, Grant, , ,
Mailing Address: 4007 W Woodscape Dr
City: Miramar | State: FL | Zip Code: 33023
Purpose of Disbursement: Campaign Consulting
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 04 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 2000.00
Transaction ID : SB17.8757
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 9500.00

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): Zanolee, Grant, , ,
Mailing Address: 4007 W Woodscape Dr
City: Miramar | State: FL | Zip Code: 33023
Purpose of Disbursement: Campaign Consulting
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 07 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 500.00
Transaction ID : SB17.8758
[ ] Memo Item

B.
Full Name (Last, First, Middle Initial): Zanolee, Grant, , ,
Mailing Address: 4007 W Woodscape Dr
City: Miramar | State: FL | Zip Code: 33023
Purpose of Disbursement: Campaign Consulting
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 11 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 2500.00
Transaction ID : SB17.8759
[ ] Memo Item

C.
Full Name (Last, First, Middle Initial): Zanolee, Grant, , ,
Mailing Address: 4007 W Woodscape Dr
City: Miramar | State: FL | Zip Code: 33023
Purpose of Disbursement: Campaign Consulting
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 03 / 18 / 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 1250.00
Transaction ID : SB17.8760
[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4250.00

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): Zanolee, Grant, , ,
Mailing Address: 4007 W Woodscape Dr
City: Miramar | State: FL | Zip Code: 33023
Purpose of Disbursement: Campaign Consulting
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2022 [x] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 03 / D D 25 / Y Y Y Y 2022
FEC Identification Number: C
Amount of Each Disbursement this Period: 1250.00
Transaction ID : SB17.8761
[ ] Memo Item

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

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

SUBTOTAL of Disbursements This Page (optional) ▶ 1250.00

TOTAL This Period (last page this line number only) ▶ 201227.41

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:
M 03 M / D 15 D / Y 2020 Y	M M / D D / Y 9/1/2020 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) ▶ 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:
M 05 M / D 20 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) ▶ 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	/ /	0.00 % (apr)	[ ] Yes [x] No
	01/13/2023		

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

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

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

3. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP 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: M 06 / D 01 / Y 2021

Date Due: M M / D D / Y Y Y Y 01/13/2023

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) ▶ 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

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
100000.00	0.00	100000.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
M 06 M / D 01 D / Y 2021 Y	M M / D D / Y 01/13/2023 Y	0.00 % (apr)	[ ] Yes [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:
M 08 M / D 09 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) ▶ 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: 08 / 19 / 2021 Date Due: MM / DD / 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) ▶ 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: 08 / 23 / 2021 Date Due: MM / DD / 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) ▶ 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: 09 / 01 / 2021 Date Due: MM / DD / YYYY 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) ▶ 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)
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/10.7325

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)
   Name of Employer
   Mailing Address
   Occupation
   City | State | ZIP Code
   Amount Guaranteed Outstanding:

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

3. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   Occupation
   City | State | ZIP 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/10.7328

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:
09 / 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) ▶ 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:
09 / 24 / 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) ▶ 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: 09 / 27 / 2021 Date Due: MM / DD / YYYY 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:
09 / 27 / 2021	12/30/2025	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) ▶ 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: 10 / 01 / 2021 Date Due: MM / DD / 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

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: 10 / 04 / 2021 Date Due: M M / D D / Y Y Y 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) ▶ 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	Date Due	Interest Rate (If none, enter 0)	Secured:
M M 10 / D D 05 / 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) ▶ 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

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
20000.00	0.00	20000.00

TERMS Date Incurred: 10 / 07 / 2021 — 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)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

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

3. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP 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/10.9990

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
341000.00	0.00	341000.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
M 10 M / D 23 D / Y 2021 Y	M M / D D / Y 12/31/2023 Y	0.00 % (apr)	[ ] Yes [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) ▶ 341000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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/10.10669

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
8893.56	0.00	8893.56

TERMS Date Incurred: M 10 / D 26 / Y 2021 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) ▶ 8893.56

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/10.10670

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
7200.00	0.00	7200.00

TERMS Date Incurred: 10 / 27 / 2021 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) ▶ 7200.00

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/10.10671

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
2700.00	0.00	2700.00

TERMS Date Incurred: 10 / 27 / 2021 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) ▶ 2700.00

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)
   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) ▶ 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: 12 / 02 / 2021 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) ▶ 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

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
40000.00	0.00	40000.00

TERMS Date Incurred: 12 / 13 / 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) ▶ 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)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

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

3. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP 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) ▶ 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: M 01 / D 09 / Y 2022

Date Due: M M / D D / Y Y Y 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)
Name of Employer
Mailing Address
Occupation
City | State | ZIP Code
Amount Guaranteed Outstanding:

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

3. Full Name (Last, First, Middle Initial)
Name of Employer
Mailing Address
Occupation
City | State | ZIP 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 / 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: 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) ▶ 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 / 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) ▶ 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: M 02 / 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) ▶ 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: 02 / 09 / 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) ▶ 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	Date Due	Interest Rate (If none, enter 0)	Secured:
02 / 14 / 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) ▶ 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	Date Due	Interest Rate (If none, enter 0)	Secured:
M 03 M / D 01 D / Y 2022 Y	M M / D D / Y 12/31/2023 Y	0.00 % (apr)	[ ] Yes [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/10.8879

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 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) ▶ 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: 03 / 25 / 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) ▶ 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/10.8882

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
400000.00	0.00	400000.00

TERMS Date Incurred: 03 / 31 / 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) ▶ 400000.00

TOTALS This Period (last page in this line only) ▶ 3337990.00

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