Yes No X	or your dependent child because they meet	of a spouse	earned" income, transactions, onsulted with the Committee c	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
Yes No X	need not be disclosed. Have you		nmittee on Ethics and certain ouse, or dependent child?	TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "Excepted Trusts" excluded from this report details of such a trust that benefits you, your spouse, or dependent child?
Yes No X	answered "Yes" to this question, please		tial Public Offering during the	IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you contact the Committee on Ethics for further guidance.
	EACH OF THESE QUESTIONS	ANSWER	OR TRUST INFORMATION -	IPO AND EXCLUSION OF SPOUSE, DEPENDENT,
YOU ANSWER "YES"	CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	m	Yes No X	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?
Yes No X	or organization donate to charity in lieu of peech, appearance, or article during the	Did any individual of paying you for a specifing period?	Yes X No	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
Yes X	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$480 in value from a single source during the reporting period?	H. Did you, your spous reportable travel or reim \$480 in value from a sir	Yes X No	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
Yes No X	G. Did you, your spouse, or your dependent children receive any reportable gift(s) totaling more than \$480 in value from a single source during the reporting period?	G. Did you, your spouse any reportable gift(s) to single source during th	Yes	B. Did you, your spouse, or your dependent children purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?
Yes No X	reportable agreement or arrangement with an the reporting period or in the current calendar tate of filing?	F. Did you have any reportable agoutside entity during the reporting year up through the date of filing?	Yes X No	A. Did you, your spouse, or your dependent children: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?
			E QUESTIONS	PRELIMINARY INFORMATION – ANSWER EACH OF THESE
	Termination Date of Termination:		Amendment	REPORT X 2024 Annual (Due: May 15, 2025)
Staff Filer Type: (If Applicable) ared Principal Assistant	Employing Office: Sh	Officer or Employee	20	FILER X Member of the U.S. State: FL House of Representatives District: 2
A \$200 penaity shall be assessed against any individual who files more than 30 days late.	A \$200 penaity sh individual who fil	10ne: 202-225-1313	Daytime Telephone: 202-225-1313	Name: Hon. Sheila Cherfilus-McCormick
(Office Use Only)	(0			
MC	<u> </u>	For Use by Members, Officers, and Employees		UNITED STATES HOUSE OF REPRESENTATIVES 2024 FINANCIAL DISCLOSURE REPORT
HAND DELIVERED				

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Hon. Sheila Cherfilus-McCormick

		SP	q _S		SS	Γ	Ę,	SP.	standard sta	Forb	for a	of inc at th repor more	:
Truist Bank		CMC Strategies, LLC	McCormick Law Firm LLC	Pension System	Maryland Retirement &	s. ABC Hedge Fund	Example Simon & Schuster	SP Meea Corn, Stock	Interest bearing accounts. If the total is over \$5,000, lost every financial inastration where there is mare than \$1,000 in millerest-bearing accounts. \$1,000 in millerest-bearing accounts. \$1,000 in millerest-bearing accounts. For rental and other real property held for investment, proudo a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its peographic location in Block A. Exclude: Your personal residence, including strong income during the reporting periods; and any financial interiors in, or including the Thirt Savings Plan. If you report a privately traded fund that in an Excepted interiors, you may indicate that an assist or income source is that of your spouse of \$2 head of the optional column on the failert. For a detailed discussion of Schedule A requirements, please raffer to the instruction booklet.	account that exceeds the reporting thresholds. For bank and other cash accounts, total the amount in all	as 4:	Identify all each asset had for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting particle, and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year. Provide complete names of stocks, and matual funds	Assets and/or Income Sources
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	_		_			 - -	Ĭ.	_	\$1.001-\$15,000	<u>۔۔</u> د		Indicate value of assimation of assimation other than fall in asset was sold. If generated income it generated income "Column M is for assigned than the form of the fall in the form of the fall in t	
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									\$15,001-\$50,000			ietato nir diair during the vir ietshe	
			×			L	-	×	\$50,001-\$100,000		ł	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was vaid during the reporting period and is included only because if generated income, the value should be "None". *Column M is for asset sheld by your spaure or dopendent children in which you have no interest.	٧al
				-			' 		\$100,001-\$250,000	T .		f the re lue, pli porting ould b	Value of Asset
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		——						 	Spause/DC Asset over \$1,900,000*			aluati t. necau	
						-		\vdash	NONE	7			
1			×		\vdash		_	×	DIVIDENDS		ł	Check all the columns that apply. For an generate tax-deferred income (such as 40) it generate tax-deferred income (such as 40) it 529 accounts), you may check the "T column. Dividends, interest, and capital g relinvested, must be disclosed as incomheld in taxable accounts. Check "Nona" tend in taxable accounts.	
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		<u> </u>	_				_	×	\$1,001-\$2,500	₹	*Column XII is for assets held in which you have no interest.	None" None None Ima b Ist, an Incon	À
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-							L		\$\$,001-\$15.000		рууон	For assets for which you checked "fax Defenred" in may check the "None" rolumn For all other asset chegory of income by checking the appropriate Dividends, interest, and capital gains, even if rain be disclosed as income for assets held in taxal Check "None" if no income was camed or generated Check "None" if no income was camed or generated	Amount of Income
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1	i	!				_	-		Spause/DC Asset with Income over \$1,000,000*	 	Column XII is for assets held by your spouse or dependent childien a which you have no interest.	For exists for which you checked "fax-Deferred" in Block C, you may check the "None" relumn For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income war gained or generated	
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								S(part)	blank if there are no transactions that exceeded \$1,000	follows: (S (part))	period. If only a partion of an asset was sold, or asset was sold.	Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting	Transaction

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SCHEDULE B - TRANSACTIONS

Name: Hon. Sheila Cherfilus-McCormick Page 4

Page 4 of 10

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	 	i		,		,										Ž Ž	 		Example	ļ 	Capital Gains. If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax deletion discount, and disclose the capital gain income on Schedule A * Column K is for assets solely field by your spouse or dependent children.	inia resulteta in a capital tiass i rividir di pire description to all exchingly translations. Exclude translations britween you, your spouse, or dependent children, or the purchasa or salte of Your personal residence, universit generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction	of any a	Report any purchase, sale, or exchange runsacrions that exceeded \$1,000 in the
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SCHEDULE C - EARNED INCOME

Name: Hon. Sheila Cherfilus-McCormick Page 5 of 10

EXCLUDE: Military pa INCOME LIMITS and certain types of incor	List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act. INCOME LIMITS and PROHIBITED INCOME: The 2024 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$31,815. The 2025 limit is \$33,285. In addition certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	nt) totaling \$200 or more during the reporting period. For a spouse, list the Security Act. Sebove the "senior staff" rate was \$31,815. The 2025 limit is \$33,285. In adding totally prohibited.	ng period. For a spouse, list the he 2025 limit is \$33,285. In addition
1	Source (include date of receipt for honoraria)	Туре	Amount
	Knone State	Approved Teaching Fee	\$6,000
Examples:	State of Maryland	Legislative Pension	\$18,000
	Civil Wat Rounifable (Oct. 2)	Spause Speach	\$1,000
	Ontaina County Bound of Education	Spouse Salary	N/A
McCormick I	McCormick Law Firm, LLC	Spouse Salary	N/A
CMC Strategies, LLC	les, LLC	Spouse Salary	N/A
			55 55 55 55 56 56 56 56 56 56 56 56 56 5
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SCHEDULE D - LIABILITIES

Name: Hon. Sheila Cherfilus-McCormick Page 6 of 10

\$10,000. *Column K is for liabilities held solely by your spouse or dependent children or the children, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent children. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or

	SP			sp, DC, JT		
Navy F	Navient	Depart	Example		-	
Navy Federal Credit Union	t	Department of Education	First Bank of Wilmington, DE	Creditor		
December 2023	November 2004	August 1997	5/20	Date Liability Incurred MO/YR		
Credit Card	Student Loan	Student Loans	Mortgage on Rental Proporty, Dover, DE	Type of Liability		
 ×	1			\$10,001- \$15,000	Þ	
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States, Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Position Name of Organization
No reportable activity	
2002	

SCHEDULE F - AGREEMENTS

Name Hon. Sheila Cherfilus-McCormick Page 7 of 10

Identify the da deferral of pay	ate, parties to, and general terms of any agreement or arrangement that you have yments by a former or current employer other than the U.S. Government; or cont	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to future employment; a leave of absence during the period of Government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.
Date	Parties to Agreement	Terms of Agreement
	No reportable activity	

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$480 received by you, your spouse, or your dependent children from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent children that are totally independent of his or her relationship to you. Gifts with a value of \$192 or less need not be added towards the \$480 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

	Source	Description	Value
Example	Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$500
	No reportable activity		
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SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Hon. Sheila Cherfilus-McCormick Page 8 of 10

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$480 received by you, your spouse, or your dependent children during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent children that is totally independent of his or her relationship to the

mar.						
	Source	Date(s)	City of Departure-Destination-City of Return	Cadging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6 11	DC-Beijing, China-DC	٧	¥	Z
Examples	Habitat for Humanity (Charity Fundraiser)	Mar. 3-4	DC:Bnstan-DC	∀	4	Y
Saudia	Saudia Arabia CODEL	Feb. 18-23	DC-Jeddah Saudi Arabia-DC	Y	Υ	~
Congr	Congressional Learning Trip to the Pacific	April 20-26	DC-Fiji-Tuvalu-Fiji-Tuvalu-Tonga-Fiji-San Fran-DC	~	~	Υ
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SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Hon. Sheila

Cherfilus-McCormick

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ist the source, activity (i.e., speech, appearance, or article), date, and amount of any payrment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	vent to a charitable organization in lieu	ı of paying an honorarium to y	ou. A separate
Source	Activity	Date	Amount
xamples: Association of American Associations, Washington, DC	Speech	Feb. 2, 2024	\$2,000
	Altica	MUR. 13, 2024	6 000
No reportable activity			
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Name: Hon. Sheila Cherfilus-McCormick Page 10

							NOTE NUMBER
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						N/A	OTES