



Filing ID #10061048

# FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • B81 Cannon Building • Washington, DC 20515

## FILER INFORMATION

**Name:** Dr. Peter W. Sherrill  
**Status:** Congressional Candidate  
**State/District:** NY16

## FILING INFORMATION

**Filing Type:** Candidate Report  
**Filing Year:** 2024  
**Filing Date:** 05/25/2024  
**Period Covered:** 01/01/2023– 04/26/2024

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Traditional IRA [IH]		\$50,001 - \$100,000	Tax-Deferred		
DESCRIPTION: 401k ROLLOVER to Traditional IRA					

\* For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

## SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
Federal Government	Social Security	\$4,500.00	\$13,000.00

## SCHEDULE D: LIABILITIES

None disclosed.

## SCHEDULE E: POSITIONS

Position	Name of Organization
Chair/President African Rights Corporation New York	International Institute for African Scholars

Position	Name of Organization
Senior Vice President PATHS University School of Agriculture Guinea West Africa	PATHS University Guinea West Africa
President/CEO	Sherrill Consulting Inc
President/CEO	Sherrill Enterprises

**SCHEDULE F: AGREEMENTS**

None disclosed.

**SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

None disclosed.

**EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION**

**Trusts:** Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?  
☐ Yes ☒ No

**Exemption:** Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?  
☐ Yes ☒ No

**CERTIFICATION AND SIGNATURE**

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Dr. Peter W. Sherrill , 05/25/2024