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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES
2024 FINANCIAL DISCLOSURE REPORT

Form A
 For Use by Members, Officers, and Employees

Name: Hon. Sheila Cherfilus-McCormick **Daytime Telephone:** 202-225-1313

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>FL</u> District: <u>20</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____ Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>	Staff Filer Type: (If Applicable)
REPORT TYPE	<input checked="" type="checkbox"/> 2024 Annual (Due: May 15, 2025)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination Date of Termination: _____		

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

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? <u>or</u> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	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? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	I. Did any individual or organization donate to charity in lieu of paying you for a speech, appearance, or article during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "Yes" to this question, please contact the Committee on Ethics for further guidance.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE A – ASSETS & “UNEARNED INCOME”

BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction			
SP, DC JT	ASSET NAME	EIF	A	B	C	D	E	F	G	H	I	J	K	L	M	None	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII		
			None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*									None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000	Spouse/DC Asset with income over \$5,000,000*		
SP	State Farm Universal Life					X										X																					
					</																																

SCHEDULE C – EARNED INCOME

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.

	Source (include date of receipt for honoraria)	Type	Amount
Examples:	Keene State	Approved Teaching Fee	\$6,000
	State of Maryland	Legislative Pension	\$18,000
	Civil War Roundtable (Oct. 2)	Spouse Speech	\$1,000
	Ontario County Board of Education	Spouse Salary	N/A
	McCormick Law Firm, LLC	Spouse Salary	N/A
	CMC Strategies, LLC	Spouse Salary	N/A

Use additional sheets if more space is required.

SCHEDULE D – LIABILITIES

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 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 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 \$10,000. *Column K is for liabilities held solely by your spouse or dependent children.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
	<i>Example</i> First Bank of Wilmington, DE	5/20	Mortgage on Rental Property, Dover, DE				X							
	Department of Education	August 1997	Student Loans				X							
SP	Navient	November 2004	Student Loan			X								
	Navy Federal Credit Union	December 2023	Credit Card	X										

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	Name of Organization
No reportable activity	

Use additional sheets if more space is required.

SCHEDULE F – AGREEMENTS

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
<i>Example</i> Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$500
No reportable activity		

Use additional sheets if more space is required.

FILER NOTES
(Optional)

NOTE NUMBER	NOTES
	N/A

Use additional sheets if more space is required.