

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

Name: Hon. Sheila Cherfilus-McCormick

Status: Member State/District: FL20

#### FILING INFORMATION

**Filing Type:** New Filer Report

Filing Year: 2021

**Filing Date:** 08/12/2022

**Period Covered:** 01/01/2020-12/31/2021

# SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
EC Firm LLC, 50% Interest [OL]		\$100,001 - \$250,000	None		
LOCATION: Miramar, FL, US DESCRIPTION: Business Consulting COMMENTS: Income reported on Schedule C					
McCormick Law Firm LLC [OL]	SP	\$50,001 - \$100,000	None		
LOCATION: Crofton, MD, US DESCRIPTION: Law Firm					
Nationwide 401(a) Retirement ⇒ SSGA RusselI Small Cap Index Non-Lending [MF]	SP	\$1,001 - \$15,000	Tax-Deferred		
Nationwide 401(a) Retirement ⇒ T Rowe Price Institutional Small Cap Stock Fund (TRSSX) [MF]	SP	\$1,001 - \$15,000	Tax-Deferred		
Navy Federal Checking [BA]		\$1,001 - \$15,000	Interest	\$1 - \$200	\$1 - \$200
Navy Federal Savings [BA]		\$1,000,001 - \$5,000,000	Interest	\$2,501 - \$5,000	\$2,501 - \$5,000

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
SCM Consulting Group LLC, 100% Interest [OL]		\$250,001 - \$500,000	None		
LOCATION: Miramar, FL, US DESCRIPTION: Healthcare Consulting COMMENTS: Income reported on Schedule C					
State Farm Universal Life [WU]	SP	\$15,001 - \$50,000	None		

<sup>\*</sup> Asset class details available at the bottom of this form. For the complete list of asset type abbreviations, please visit  $\underline{\text{https://fd.house.gov/reference/asset-type-codes.aspx}}.$ 

## **SCHEDULE C: EARNED INCOME**

Source	Туре	Amount Current Year to Filing	Amount Preceding Year
McCormick Law Firm LLC	Spouse Salary	N/A	N/A
Trinity Health Care Services	Salary	\$86,000.00	\$86,000.00
SCM Consulting Group  Comments: The reported amount includes consulting fees and profit sha	Consulting Fees aring fees received for work fo	\$5,745,792.96 or Trinity Health Care	N/A Services Inc.
EC Firm LLC  COmments: The reported amount includes consulting fees and profit sha	Consulting Fees aring fees received for work fo	\$500,000.00 or Trinity Health Care	N/A Services Inc.
Trinity Health Care Services Inc.	Consulting Fees	\$111,720.00	N/A

## SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Туре	Amount of Liability
	Department of Education	August 1997	Student Loans	\$100,001 - \$250,000
SP	Navient	November 2004	Student Loan	\$50,001 - \$100,000

# **SCHEDULE E: POSITIONS**

Position	Name of Organization
Board Member	Broward County School Board Advisory Committee

Position	Name of Organization
Chief Executive Officer	Trinity Health Care Services Inc.
Member	SCM Consulting LLC
Member	EC Firm

#### SCHEDULE F: AGREEMENTS

None disclosed.

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

Source (Name and Address)	Brief Description of Duties
Trinity Health Care Services Inc. (Miramar, FL, US)	Consulting and project management fees

#### SCHEDULE A ASSET CLASS DETAILS

• Nationwide 401(a) Retirement (Owner: SP)

## **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.

 $\textbf{Digitally Signed:} \ \text{Hon. Sheila Cherfilus-McCormick} \ , \ 08/12/2022$