



Filing ID #10023032

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Hon. David N. Cicilline  
**Status:** Member  
**State/District:** RI01

## FILING INFORMATION

**Filing Type:** Annual Report  
**Filing Year:** 2017  
**Filing Date:** 05/15/2018

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income	Tx. > \$1,000?
1297 Caraboa Ln, Port Charlotte, FL [RP] LOCATION: Port Charlotte, FL, US		\$1,001 - \$15,000	None		<input type="checkbox"/>
387 Atwells Ave, Providence, RI [RP] LOCATION: Providence, RI, US		\$250,001 - \$500,000	Rent	\$15,001 - \$50,000	<input type="checkbox"/>
46 South Ridge Rd, Chilmark, MA [RP] LOCATION: Chilmark, MA, US		\$500,001 - \$1,000,000	None		<input type="checkbox"/>
Citizens Bank Accounts [BA]		\$15,001 - \$50,000	Interest	\$1 - \$200	<input type="checkbox"/>
Coastway Community Bank [BA]		\$1,001 - \$15,000	None		<input type="checkbox"/>

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

## SCHEDULE B: TRANSACTIONS

None disclosed.

SCHEDULE C: EARNED INCOME

None disclosed.

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
	BB&T Bank	April 2015	Mortgage on Washington DC Residence	\$250,001 - \$500,000
	Coastway Community Credit Union	January 2015	Mortgage on Primary Residence	\$500,001 - \$1,000,000

SCHEDULE E: POSITIONS

Position	Name of Organization
Board Member	The After School Alliance

SCHEDULE F: AGREEMENTS

None disclosed.

SCHEDULE G: GIFTS

None disclosed.

SCHEDULE H: TRAVEL PAYMENTS AND REIMBURSEMENTS

Trip Details					Inclusions		
Source	Start Date	End Date	Itinerary	Days at Own Exp.	Lodging?	Food?	Family?
Progressive Congress	02/3/2017	02/5/2017	Washington, DC - Baltimore, MD - Washington, DC	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
UN Foundation	08/21/2017	08/26/2017	Boston, MA - Bangui, Central African Republic - Bambari, Central African Republic - Boston, MA	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SCHEDULE I: PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

None disclosed.

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

IPO: Did you purchase any shares that were allocated as a part of an Initial Public Offering?

☐ Yes ☒ No

**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:** Hon. David N. Cicilline , 05/15/2018