



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**CICOTTE FOR CONGRESS**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	37935.19	37935.19
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	37935.19	37935.19
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	18324.80	18324.80
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	18324.80	18324.80
8. Cash on Hand at Close of Reporting Period (from Line 27).....	94610.39	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	75000.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**CICOTTE FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	24420.00	24420.00
(ii) Unitemized.....	3300.00	3300.00
(iii) TOTAL of contributions from individuals ▶	27720.00	27720.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	10215.19	10215.19
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	37935.19	37935.19
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	75000.00	75000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	75000.00	75000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	112935.19	112935.19

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	18324.80	18324.80
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	18324.80	18324.80

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	112935.19
25. SUBTOTAL (add Line 23 and Line 24).....	112935.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	18324.80
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	94610.39

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CICOTTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Ryan Bagley**

Mailing Address 343 Clovernook Street

City Richland State WA Zip Code 99352

FEC ID number of contributing federal political committee. **C**

Name of Employer Bagley Dental Occupation Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2014

**Transaction ID : SA11AI.4137**

Amount of Each Receipt this Period  
500.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
**Brian Brooks**

Mailing Address 503 S McKinley St

City Kennewick State WA Zip Code 99336

FEC ID number of contributing federal political committee. **C**

Name of Employer Columbia Physical Therapy Occupation Physical Therapist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : SA11AI.4194**

Amount of Each Receipt this Period  
350.00

PayPal

**C.** Full Name (Last, First, Middle Initial)  
**Doug Browning**

Mailing Address 78964 Country Heights Dr

City Kennewick State WA Zip Code 99338

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Film Maker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2570.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 04 / 2014

**Transaction ID : SA11AI.4139**

Amount of Each Receipt this Period  
2570.00

In-kind - Filming and production of campaign video

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3420.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CICOTTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Eric Butterworth**

Mailing Address P.O. Box 7342

City Kennewick State WA Zip Code 99336

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 07 / 2014

**Transaction ID : SA11AI.4131**

Amount of Each Receipt this Period  
 1000.00

Check

**B.** Full Name (Last, First, Middle Initial)  
**Jeff Clark**

Mailing Address 2330 Davison Ave

City Richland State WA Zip Code 99354

FEC ID number of contributing federal political committee. **C**

Name of Employer Kadlec Health System Occupation Management

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.4176**

Amount of Each Receipt this Period  
 500.00

Check

**C.** Full Name (Last, First, Middle Initial)  
**Rob DiPiazza**

Mailing Address 1103 S Jurupa Street

City Kennewick State WA Zip Code 99338

FEC ID number of contributing federal political committee. **C**

Name of Employer Artistic Portraits Occupation Photographer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 22 / 2014

**Transaction ID : SA11AI.4160**

Amount of Each Receipt this Period  
 500.00

In-kind - Family photograph for campaign

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CICOTTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Nolan Empey**

Mailing Address 4665 Sheffield Rd

City: Mesa State: WA Zip Code: 99343

FEC ID number of contributing federal political committee: C

Name of Employer: Sheffield Farms Occupation: Agricultural

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2000.00

Date of Receipt: 03 / 05 / 2014

**Transaction ID : SA11AI.4124**

Amount of Each Receipt this Period: 2000.00

Check

**B.** Full Name (Last, First, Middle Initial)  
**Sandra Fowler**

Mailing Address 322 Columbia Point Drive

City: Richland State: WA Zip Code: 99352

FEC ID number of contributing federal political committee: C

Name of Employer: MSA Occupation: General Counsel

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 400.00

Date of Receipt: 03 / 04 / 2014

**Transaction ID : SA11AI.4118**

Amount of Each Receipt this Period: 400.00

Check

**C.** Full Name (Last, First, Middle Initial)  
**Mark Gehlen**

Mailing Address 1250 Glenwood Court

City: Richland State: WA Zip Code: 99352

FEC ID number of contributing federal political committee: C

Name of Employer: UniWest Occupation: Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 28 / 2014

**Transaction ID : SA11AI.4190**

Amount of Each Receipt this Period: 250.00

PayPal

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2650.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CICOTTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Roger Hastings**

Mailing Address 389 Quailwood Place

City Richland State WA Zip Code 99352

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 04 / 2014

**Transaction ID : SA11AI.4123**

Amount of Each Receipt this Period  
 600.00

Check

**B.** Full Name (Last, First, Middle Initial)  
**John Heaton**

Mailing Address 1110 N Center Pkwy

City Kennewick State WA Zip Code 99336

FEC ID number of contributing federal political committee. **C**

Name of Employer Pay Plus Benefits Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 25 / 2014

**Transaction ID : SA11AI.4112**

Amount of Each Receipt this Period  
 2600.00

PayPal Credit Card

**C.** Full Name (Last, First, Middle Initial)  
**LaPrele Hernandez**

Mailing Address 2725 Kyle Rd

City Kennewick State WA Zip Code 99338

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Insurance Agent

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4218**

Amount of Each Receipt this Period  
 250.00

Check

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3450.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CICOTTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Diana Hodson**

Mailing Address 828 Morton Way

City Folsom State CA Zip Code 95630

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.4162**

Amount of Each Receipt this Period  
 2600.00

PayPal

**B.** Full Name (Last, First, Middle Initial)  
**John Horton**

Mailing Address 2514 Allegheny Court

City Richland State WA Zip Code 99354

FEC ID number of contributing federal political committee. **C**

Name of Employer MSA Occupation Economic Development

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 06 / 2014

**Transaction ID : SA11AI.4129**

Amount of Each Receipt this Period  
 1000.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
**Eric Jackson**

Mailing Address 450 Newport Center Drive Suite 390

City Newport Beach State CA Zip Code 92660

FEC ID number of contributing federal political committee. **C**

Name of Employer IAML Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 08 / 2014

**Transaction ID : SA11AI.4133**

Amount of Each Receipt this Period  
 250.00

Check

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3850.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CICOTTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Philip Johnson**

Mailing Address P.O. Box 83

City Richland State WA Zip Code 99352

FEC ID number of contributing federal political committee. **C**

Name of Employer Statewide Publishing Occupation Publisher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.4166**

Amount of Each Receipt this Period  
500.00

Check

**B.** Full Name (Last, First, Middle Initial)  
**Walter Kalmans**

Mailing Address 6408 Williams Ridge Way

City Austin State TX Zip Code 78731

FEC ID number of contributing federal political committee. **C**

Name of Employer Lontra Ventures Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 11 / 2014

**Transaction ID : SA11AI.4141**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Heather Koelling**

Mailing Address 8454 Daventry Ct

City Powell State OH Zip Code 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 14 / 2014

**Transaction ID : SA11AI.4154**

Amount of Each Receipt this Period  
250.00

PayPal

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 22  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**CICOTTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Michael McKinney**

Mailing Address 8920 W Quinault

City Kennewick State WA Zip Code 99336

FEC ID number of contributing federal political committee. **C**

Name of Employer Eucon Corporation Occupation CFO and General Counsel

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2014

**Transaction ID : SA11AI.4184**

Amount of Each Receipt this Period  
 500.00

Check

**B.** Full Name (Last, First, Middle Initial)  
**Chad Mitchell**

Mailing Address 305 Piper St

City Richland State WA Zip Code 99352

FEC ID number of contributing federal political committee. **C**

Name of Employer Summit Law Group Occupation Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 09 / 2014

**Transaction ID : SA11AI.4135**

Amount of Each Receipt this Period  
 2600.00

Check

**C.** Full Name (Last, First, Middle Initial)  
**Andrew Mohlman**

Mailing Address 8511 W Clearwater Ave

City Kennewick State WA Zip Code 99336

FEC ID number of contributing federal political committee. **C**

Name of Employer Family Dental Center Occupation Dentist

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4212**

Amount of Each Receipt this Period  
 500.00

PayPal

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3600.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CICOTTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Eldon Monson**

Mailing Address 77206 Canyon Meadow Dr

City Kennewick State WA Zip Code 99338

FEC ID number of contributing federal political committee. **C**

Name of Employer Monson Financial Occupation Financial Advisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.4164**

Amount of Each Receipt this Period  
500.00

Check

**B.** Full Name (Last, First, Middle Initial)  
**Melissa Neal**

Mailing Address 7025 W. Grandridge Blvd B-2

City Kennewick State WA Zip Code 99336

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation None

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.4144**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Michael Pattillo**

Mailing Address 945 Goethals Dr

City Richland State WA Zip Code 99352

FEC ID number of contributing federal political committee. **C**

Name of Employer Three Rivers Family Medicine Occupation Doctor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4206**

Amount of Each Receipt this Period  
500.00

PayPal

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3600.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 22
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CICOTTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Brandon Wilm**

Mailing Address 108 S Kansas St

City Kennewick State WA Zip Code 99336

FEC ID number of contributing federal political committee. **C**

Name of Employer Design West Occupation Architect

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2014

**Transaction ID : SA11AI.4156**

Amount of Each Receipt this Period  
 300.00

Check

**B.** Full Name (Last, First, Middle Initial)  
**Rolf Wuerch**

Mailing Address 10505 W. Clearwater Ave.  
Bldg. A

City Kennewick State WA Zip Code 99338

FEC ID number of contributing federal political committee. **C**

Name of Employer Advanced Endodontic Occupation Endodontist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : SA11AI.4198**

Amount of Each Receipt this Period  
 300.00

Check

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

600.00

24420.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 22
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CICOTTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**George Frederick Cicotte**

Mailing Address 7025 W Grandridge Blvd STE B2

City: Kennewick    State: WA    Zip Code: 99336

FEC ID number of contributing federal political committee: **C H4WA04096**

Name of Employer: The Cicotte Law Firm    Occupation: Owner

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date: **77580.00**

Date of Receipt: **02 / 28 / 2014**

**Transaction ID : SA11D.4315**

Amount of Each Receipt this Period: **2580.00**

Payment to cover salary and wages of campaign workers

**B.** Full Name (Last, First, Middle Initial)  
**George Frederick Cicotte**

Mailing Address 7025 W Grandridge Blvd STE B2

City: Kennewick    State: WA    Zip Code: 99336

FEC ID number of contributing federal political committee: **C H4WA04096**

Name of Employer: The Cicotte Law Firm    Occupation: Owner

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date: **78028.94**

Date of Receipt: **03 / 05 / 2014**

**Transaction ID : SA11D.4306**

Amount of Each Receipt this Period: **448.94**

Contribution by candidate to cover various campaign expenses

**C.** Full Name (Last, First, Middle Initial)  
**George Frederick Cicotte**

Mailing Address 7025 W Grandridge Blvd STE B2

City: Kennewick    State: WA    Zip Code: 99336

FEC ID number of contributing federal political committee: **C H4WA04096**

Name of Employer: The Cicotte Law Firm    Occupation: Owner

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date: **81558.94**

Date of Receipt: **03 / 15 / 2014**

**Transaction ID : SA11D.4323**

Amount of Each Receipt this Period: **3530.00**

Contribution to cover wages and salary of campaign workers

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**6558.94**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 22
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CICOTTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**George Frederick Cicotte**

Mailing Address 7025 W Grandridge Blvd STE B2

City Kennewick State WA Zip Code 99336

FEC ID number of contributing federal political committee. **C** H4WA04096

Name of Employer The Cicotte Law Firm Occupation Owner

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
85215.19

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11D.4316**

Amount of Each Receipt this Period  
3656.25

Contribution to cover salary and wages of campaign workers

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3656.25

10215.19

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 22
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**CICOTTE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**George Frederick Cicotte**

Mailing Address 7025 W Grandridge Blvd STE B2

City State Zip Code  
Kennewick WA 99336

FEC ID number of contributing federal political committee. **C** H4WA04096

Name of Employer Occupation  
The Cicotte Law Firm Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
75000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 19 2014

**Transaction ID : SA13A.4151**

Amount of Each Receipt this Period  
75000.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

75000.00

75000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CICOTTE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Scott Boyce</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address 507 Cottonwood Dr		Amount of Each Disbursement this Period 7,250.00 <b>Transaction ID : SB17.4307</b>
City Richland	State WA	
Zip Code 99352	Purpose of Disbursement Salary for services	Category/ Type 001
Candidate Name <b>CICOTTE FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 04	

Full Name (Last, First, Middle Initial) <b>B. Scott Boyce</b>		Date of Disbursement MM / DD / YYYY 03 / 15 / 2014
Mailing Address 507 Cottonwood Dr		Amount of Each Disbursement this Period 2,750.00 <b>Transaction ID : SB17.4309</b>
City Richland	State WA	
Zip Code 99352	Purpose of Disbursement Salary for services	Category/ Type 001
Candidate Name <b>CICOTTE FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 04	

Full Name (Last, First, Middle Initial) <b>c. Scott Boyce</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2014
Mailing Address 507 Cottonwood Dr		Amount of Each Disbursement this Period 2,750.00 <b>Transaction ID : SB17.4310</b>
City Richland	State WA	
Zip Code 99352	Purpose of Disbursement Salary for services	Category/ Type 001
Candidate Name <b>CICOTTE FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WA District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7250.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CICOTTE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Doug Browning</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 78964 Country Heights Dr		Amount of Each Disbursement this Period 2570.00 <b>Transaction ID : SB17.4143</b>
City Kennewick State WA Zip Code 99338	Purpose of Disbursement In-kind - Filming and production of campaign video 004 Category/Type	
Candidate Name <b>CICOTTE FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 04		

Full Name (Last, First, Middle Initial) <b>B. Rob DiPiazza</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2014
Mailing Address 1103 S Jurupa Street		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4224</b>
City Kennewick State WA Zip Code 99338	Purpose of Disbursement In-kind - Family photograph for campaign 004 Category/Type	
Candidate Name <b>CICOTTE FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 04		

Full Name (Last, First, Middle Initial) <b>c. Esigns</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014
Mailing Address PO Box 38205		Amount of Each Disbursement this Period 209.52 <b>Transaction ID : SB17.4264</b>
City Houston State TX Zip Code 77238	Purpose of Disbursement Purchase of 25 signs for campaign 006 Category/Type	
Candidate Name <b>CICOTTE FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 04		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3279.52
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 22			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**CICOTTE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Sean McGrath</b>		Date of Disbursement MM / DD / YYYY 02 / 26 / 2014
Mailing Address 3108 W 47th Ave		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.4234</b>
City Kennewick	State WA	
Purpose of Disbursement Advising fees	Category/ Type 001	
Candidate Name <b>CICOTTE FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA	District: 04	

Full Name (Last, First, Middle Initial) <b>B. OOshirts</b>		Date of Disbursement MM / DD / YYYY 03 / 11 / 2014
Mailing Address 2020 MILVIA ST		Amount of Each Disbursement this Period 226.00 <b>Transaction ID : SB17.4268</b>
City Berkley	State CA	
Purpose of Disbursement Cost to print and ship campaign shirts	Category/ Type 006	
Candidate Name <b>CICOTTE FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA	District: 04	

Full Name (Last, First, Middle Initial) <b>c. PayPal</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 183.63 <b>Transaction ID : SB17.4232</b>
City San Jose	State CA	
Purpose of Disbursement Credit Card Fees - Month of March	Category/ Type 003	
Candidate Name <b>CICOTTE FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA	District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3409.63
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**CICOTTE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Travis Tingey</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2014
Mailing Address 8801 W Grand Ronde Ave		Amount of Each Disbursement this Period 830.00 <b>Transaction ID : SB17.4311</b>
City Kennewick State WA Zip Code 99336	Purpose of Disbursement Wages for service 001 Category/Type	
Candidate Name <b>CICOTTE FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 04		

Full Name (Last, First, Middle Initial) <b>B. Travis Tingey</b>		Date of Disbursement MM / DD / YYYY 03 / 15 / 2014
Mailing Address 8801 W Grand Ronde Ave		Amount of Each Disbursement this Period 780.00 <b>Transaction ID : SB17.4313</b>
City Kennewick State WA Zip Code 99336	Purpose of Disbursement Wages for service 001 Category/Type	
Candidate Name <b>CICOTTE FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 04		

Full Name (Last, First, Middle Initial) <b>c. Travis Tingey</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2014
Mailing Address 8801 W Grand Ronde Ave		Amount of Each Disbursement this Period 906.25 <b>Transaction ID : SB17.4314</b>
City Kennewick State WA Zip Code 99336	Purpose of Disbursement Wages for service 001 Category/Type	
Candidate Name <b>CICOTTE FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WA District: 04		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2516.25
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 22		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**CICOTTE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Yakima County GOP</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 5103 W Nob Hill Blvd		Amount of Each Disbursement this Period 240.00 <b>Transaction ID : SB17.4236</b>
City Yakima	State WA	
Zip Code 98908	Purpose of Disbursement Dinner fee for political fundraiser	Category/ Type 011
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Yakima Herald Republic</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2014
Mailing Address 114 N 4th St		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.4270</b>
City Yakima	State WA	
Zip Code 98902	Purpose of Disbursement Cost for booth at event in Yakima	Category/ Type 007
Candidate Name <b>CICOTTE FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: WA District: 04	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	490.00
<b>TOTAL</b> This Period (last page this line number only).....	16945.40

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **CICOTTE FOR CONGRESS** Transaction ID : **SC/10.4151**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **George Frederick Cicotte** *[PERSONAL FUNDS]* Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 7025 W Grandridge Blvd STE B2

City State ZIP Code  
 Kennewick WA 99336

Original Amount of Loan 75000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 75000.00
-------------------------------------	------------------------------------	---

**TERMS**

Date Incurred M 02 / D 19 / Y 2014	Date Due M / D / Y 8/1/2023	Interest Rate 4.25 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	--------------------------------	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	75000.00
<b>TOTALS</b> This Period (last page in this line only).....	75000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.