



# Rhode Island Ethics Commission

## 2020 Yearly Financial Statement

### For OSCAR O VARGAS

All questions refer to the calendar year January 1, 2020 through December 31, 2020 unless otherwise specified.

#### Personal Information

Name	Mailing Address
OSCAR O VARGAS	150 DORA STREET, PROVIDENCE, RI 02909

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#### Current Positions

Not Applicable.

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#### Description of Voluntary Position(s):

Description of Voluntary Position(s):	Filed On
-	05/28/2021 at 10:40PM

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#### Elected Office Candidacies

Public Position(s)	Municipality, State or Regional	Begin Date	End Date
COUNCIL, CITY/TOWN - CANDIDATE	PROVIDENCE	7-6-2021	7-6-2021

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## Family Members

List full name of spouse if you were married or were a party to a civil union for any part of 2020.

Spouse Name	Filed On
claudia vargas	05/28/2021 at 10:40PM

## Family Income Sources

Add a response for each instance in which you, your spouse or dependent child received either \$1,000 or more gross income from an employer during 2020; or \$1,000 or more gross income through self-employment. Income received from public employment or service, including any stipend received for serving as an elected or appointed official, must be disclosed.

In your response you must also provide information regarding any instances in which you, your spouse or dependent child were self-employed and received more than \$250 in gross income for services rendered to a Rhode Island state or municipal agency.

Family Member Name	Self Employed ?	Business or Employer Name	Title/Occupation and Date of Employment	Address of Business	Services Rendered ?	Date & Nature of Services	Filed On
Self	No	state of RI	legislative services 01/20-12/20	one Capital Hill , providence, ri 02908, usa	No	-	05/28/2021 at 10:40PM
Claudia Varags	No	providence school department	crossing guard 01/20-06/20	797 Westminster Street, Providence, RI 02903, United States	No	-	05/28/2021 at 10:40PM

## Real Estate

Add a response for each instance in which you, your spouse or dependent child owned or had a financial interest in any real estate, wherever located, other than real estate that is used exclusively as your principal residence, at any time during 2020.

Family Member Name	Nature of Interest	Address OR Description	Filed On
Self / Claudia Vargas	real state	243-245 Webster Ave. including 150 Dora St., Providence, RI 02909, United States	05/28/2021 at 10:40PM
Self / Claudia Vargas	real state	39 Huldah Street, Providence , RI 02909, usa	05/28/2021 at 10:40PM
Self / Claudia Vargas	real state	63 IRVING RD., WARWICK, RI 02888, United States	05/28/2021 at 10:40PM

## Trust Incomes

Add a response if you, your spouse or dependent child received any income as a beneficiary of any trust. (Do not list amounts.)

Not Applicable.

## Family Executive Positions

Add a response if you, your spouse or dependent child held a management position or were a director, officer, partner or trustee of any business, organization or other entity (for-profit or non-profit), whether paid or unpaid for such service.

Family Member Name	Name of Business or Organization	Position	Address of Business	Filed On
Self	Latino Discount Distributors	member/president	243 B Webster Ave, Providence, RI 02909	05/28/2021 at 10:40PM

## Out-of-State Travel

Add a response if during the filing year any person or entity provided you with out-of-state travel valued at over \$250, AND you would not have been provided with such travel but for the fact that you held a public office or position. Your response will include disclosure of the source, value and description of the travel and related expenses.

Out-of-state travel includes all related expenses such as transportation, lodging, meals and entertainment. All of these expenses are considered together when determining whether the \$250 limit has been reached.

EXCEPTIONS: You do NOT have to disclose out-of-state travel that is provided to you either by your regular private employer OR by the state or municipal agency of which you are a member or by which you are employed.

Not Applicable.

## Last Year Business Ownership Interests

Add a response if at any point during 2020 you, your spouse or dependent child individually or collectively held a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest in any business(including holding publicly traded stock in a company).

If you add a response to this question, you will also be required to provide additional information if the business you list either (a) was subject to direct regulation by a Rhode Island state or municipal agency or; (b) did business in excess of a total of \$250 with a Rhode Island state or municipal agency.

Did the business listed above do business in excess of a total of \$250 in a calendar year 2020 with a Rhode Island state or municipal agency? If yes, enter the name of agency, the date of transaction and the nature of the transaction.

Was the business listed above a business entity subject to direct regulation by a Rhode Island state or municipal agency?

Family Member Name	Name of Business	Address of Business	Agency Name, Transaction Nature and Date	Regulating Agency Name	Filed On
Self	Latino Discount Distributors	NA - Stocks, NA, NA 00000	-	-	05/28/2021 at 10:40PM

## This Year Business Ownership Interests - Regulation

This question relates to business interests that were acquired or divested AFTER calendar year 2020, that are regulated by a Rhode Island public agency. Add a response if any business in which you, your spouse or dependent child individually or collectively acquired or divested a 10% or greater ownership interest or a \$5,000 or greater ownership or investment interest (including holdings of publicly traded stocks) after January 1, 2021 but prior to filing this statement, IF said business was subject to direct regulation by a Rhode Island state or municipal agency.

Not Applicable.

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## This Year Business Ownership Interests - Business

This question relates to business interests that were acquired or divested AFTER calendar year 2020, that did business with a Rhode Island public agency. Add a response if any business in which you, your spouse or dependent child individually or collectively acquired or divested a 10% or greater ownership interest or a \$5,000 or greater ownership or investment interest (including holdings of publicly traded stocks) after January 1, 2021 but prior to filing this statement, IF said business had one or more business transactions with a Rhode Island state or municipal agency that, collectively, exceeded \$250.

Not Applicable.

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## Family Debts

Add a response if you, your spouse, or dependent child were indebted in an amount in excess of \$1,000 to any person, business entity, financial institution or other organization, other than:

- (1) Any person related to you, your spouse or dependent child at any time within the third degree of consanguinity;
- (2) A financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence;
- (3) Any indebtedness arising from transactions involving credit cards

Debtor Name	Lender/Creditor Name	Lender/Creditor Address	Filed On
Self	Advest Central Mortgage co.	PO Box 8025, LITTLE ROCK , AR 72203	05/28/2021 at 10:40PM

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## Additional Information

Add a response if you wish to voluntarily add any additional information or provide further details concerning any of your prior answers.

Not Applicable.

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*Originally filed online by OSCAR O VARGAS on 05/28/2021 at 10:40PM, under the pains and penalties of perjury.*