

OF FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Vargas, Maryin E.

MAILING ADDRESS:

5271 SW 8 ST APT 215

CITY:

Miami, FL

ZIP:

33134

COUNTY:

Miami-Dade

NAME OF AGENCY:

Miami-Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Miami-Dade County Commissioner District 6

CHECK IF THIS IS A FILING BY A CANDIDATE



RECEIVED
2018 JUN 18 PM 5:07
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2017 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December 31, 20 17 was \$ 230,392.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 22,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
<u>See attached</u>	

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>See attached</u>	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>see attached</u>	

PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2017 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2017 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2017 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
<i>See attached</i>		

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
	<i>N/A</i>		

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	<i>N/A</i>		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 18 day of June, 2018 by Marylin Elieth Vargas

(Signature of Notary Public--State of Florida) [Signature]
WILFRED CASTRO
 MY COMMISSION # GG69508
 EXPIRES: February 05, 2021

Personally Known _____ OR Produced Identification
 Type of Identification Produced FL DL

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE [Signature]

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

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	Value of Asset
Part B-Assets	
Residence 5271 SW 8 Street, Miami, FL 33134	\$ 250,000.00
Wells Fargo & Company 401(k) Plan *	\$ 46,830.00
Wells Fargo Joint Bank Account with father/husband	\$ 2,016.00
Wells Fargo Joint Bank Account (checking/savings) with husband	\$ 4,481.00
Wells Fargo Business Account joint with husband	\$ 2,510.00
Wells Fargo IRA	\$ 2,002.00
State Farm Life Insurance	\$ 1,718.00
Chase Savings Account joint with husband	\$ 2,663.00
Total	\$ 312,220.00

Part C-Liabilities	
Wells Fargo Home Mortgage 5271 SW 8 Street, Miami, FL 33134	\$ 68,991.00
Wells Fargo Home Equity Line 5271 SW 8 Street, Miami, FL 33134	\$ 22,855.00
World Omni Financial 2015 Toyota Corolla <i>190 Tino Moran Blvd Doral Field Bends, FL 33442</i>	\$ 11,982.00
Total	\$ 103,828.00

Part D-Income	
Wells Fargo Bank 200 S. Biscayne Blvd Annex Miami, FL 33131	\$ 37,266.65
Regions Bank 2800 Ponce de Leon Blvd, Coral Gables, FL 33134	\$ 20,410.00
Total	\$ 57,676.65

