



Due By April 25, 2014

ID# 3380  
13 FS-1

# Rhode Island Ethics Commission

## 2013 YEARLY FINANCIAL STATEMENT

RECEIVED  
RHODE ISLAND  
ETHICS COMMISSION  
14 APR - 7 PM 1:57

ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2013 THROUGH DECEMBER 31, 2013 UNLESS OTHERWISE SPECIFIED.

PLEASE ANSWER **ALL QUESTIONS** AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO STATE. ANSWERS SHOULD BE PRINTED OR TYPED, and additional sheets may be used if more space is needed. For clarification of any question, read instruction sheet.

**Note:** If you are a state or municipal official or employee who is required to file a Yearly Financial Statement, a failure to file the Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2013 Yearly Financial Statement in the mail but believe you did not hold a public position in 2013 or 2014 that requires such filing, you should contact the Ethics Commission. (See Instruction Sheet for contact information)

1. NAME OF OFFICIAL: AREGLADO (LAST) RONALD (FIRST) J (INITIAL)

2. HOME ADDRESS: 2 PARTRIDGE (STREET) CHARLESTOWN, RI (CITY/TOWN) 02813 (ZIP CODE)

MAILING ADDRESS (if different from home address)

3. List Public Position(s) you hold and governmental unit:  
CHARIHO SCHOOL COMMITTEE (PUBLIC POSITION) CHARLESTOWN (MUNICIPALITY, STATE OR REGIONAL)

(PUBLIC POSITION)

(MUNICIPALITY, STATE OR REGIONAL)

I was elected on \_\_\_\_\_ (date) I was appointed on 2-2013 (date) I was hired on \_\_\_\_\_ (date)

If you no longer hold a public position, state date of termination or resignation \_\_\_\_\_.

4. List elected office(s) for which you were/are a candidate in either calendar year 2013 or 2014. (Read instruction #4)  
NA

5. List name of Spouse:  
MAUREEN AREGLADO

Due By April 25, 2014

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For clarification of any question, read instruction sheet.

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filing, you should contact the Ethics Commission. (See Instruction Sheet for contact information)

(PUBLIC Position)

(MUNICIPALITY, STATE OR REGIONAL)

PUBLIC POSITION)

I was elected on I was appointed on I was hired on -  
date) date)

(date,

If you no longer hold a public position, state date of termination or resignation

. List elected offices) for which you wereare a candidate in either calendar year 2013 or 2014.  
(Read instruction 4)

5. List name of Spouse:

6. List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2013. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of \$250 it must be listed here. **(Do Not List Amounts)**

NAME OF FAMILY MEMBER EMPLOYED	NAME AND ADDRESS OF EMPLOYER OR OCCUPATION	DATES AND NATURE OF SERVICES RENDERED
RONALD AREGLADO	BLACK WATER COMMUNITY SCHOOL 3652 BLACKWATER SCHOOL ROAD COOLIDGE, AZ	JAN, JULY AUG. OCT. DEC. 2013 (CONSULTANT)
	CHARHO SCHOOL DISTRICT 455A SWITCH ROAD <del>ST</del> WOOD RIVER JUNCTION, RI 02894	2-2013 - PRESENT (SCHOOL COMMITTEE) MEMBER

7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

NAMES	NATURE OF INTEREST	ADDRESS OR DESCRIPTION
NA		

8. List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child individually received \$1,000 or more gross income. List assets if known. **(Do Not List Amounts)**

NAME OF TRUST: NA

NAME OF TRUSTEE AND ADDRESS: \_\_\_\_\_

NAME OF FAMILY MEMBER RECEIVING TRUST INCOME: \_\_\_\_\_

ASSETS: \_\_\_\_\_

9. List the name and address of any business organization or other entity, whether for profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

NAME OF FAMILY MEMBER	NAME AND ADDRESS OF BUSINESS	POSITION
NA		

. List the names of any employer from which you, your spouse, or dependent child received 1,000 or more gross income during calendar year 2013. F self-employed, list any occupation from which 1,000 or more

gross income was received. If employed by a state or municipal agency, or if Self-employed and services were rendered to a state or municipal agency for an amount of income in excess of 250, list the date and nature of services rendered. If the public position or employment listed in 3, above, provides you with an amount of gross income in excess of 250 it must be listed here. (Do Not List Amounts)

. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

NAMES NATURE OF INTEREST ADDRESS OR DESCRIPTION

. List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent

child individually received 1,000 or more gross income. List assets if known. (Do Not List Amounts)

NAME OF TRUST:

NAME OF TRUSTEE AND ADDRESS:

NAME OF FAMILY MEMBER RECEIVING TRUST INCOME:

ASSETS:

. List the name and address of any business organization or other entity, whether for profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

NAME OF FAMELY MEMBER NAME AND ADDRESS OF BUSENESS POSITION

10. If during the 2013 calendar 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, you must list the source, value and description of the travel and related expenses below. (Attach additional sheets if necessary)

- 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.

NAME AND ADDRESS OF TRAVEL PROVIDER	TRAVEL PURPOSE AND DESTINATION	DESCRIPTION AND COST OR FAIR MARKET VALUE OF EXPENSE (TRANSPORTATION, LODGING, MEALS & ENTERTAINMENT)
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NA

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

NA

12. If any business listed in #11, above, did business in excess of a total of \$250 in calendar year 2013 with a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS

NAME OF AGENCY

DATE AND NATURE OF TRANSACTION

NA

13. If any business listed in #11, above, was a business entity subject to direct regulation by a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS

NAME OF REGULATING AGENCY

NA

10. If during the 2013 calendar year any person or entity provided you with outof-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, you must list the Source, value and description of the travel and related expenses below. (Attach additional

sheets if necessary)

\* Outof-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 outof-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.

NAME AND ADDRESS TRAVEL PURPOSE DESCRIPTION AND COST OR FAIR MARKET

OF TRAVEL PROVIDER AND DES FINATION VALUE OF EXPENSE (TRANSPORTATION,

LODGING, MEALS & ENTERTAINMENT)

/A

11. List the name and address of any business in which you, your spouse, or dependent child individually or

collectively holds a 10% or greater ownership interest, or a 5,000 or greater ownership or investment interest.

NÄMÄOF FAMILY MÄEMEER NAME AND ADDRESS OF EUSINESS

12. If any business listed in 11, above, did business in excess of a total of 250 in calendar year 2013 with a state or municipal agency, AND you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS NAME OF AGENCY DATE AND RE

OF EUSOF TRANSACTION:

13. If any business listed in 11, above, was a business entity subject to direct regulation by a state or municipal agency, AND you are a member or employee of the agency or exercise direct or legislative control over the

agency, list the following:

NAME AND ADDRESS OF BUSINESS NAME OF REGULATINAGENCY

14. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2014 and before the date you file this statement **AND** if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS OF BUSINESS

DESCRIPTION OF INTEREST (NOT AMOUNT)  
AND DATE ACQUIRED AND/OR DIVESTED

NA

NAME OF REGULATING AGENCY

HOW REGULATED

15. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2014 and before the date you file this statement, which did business in excess of \$250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS  
OF BUSINESS

DESCRIPTION OF INTEREST  
DATE ACQUIRED AND/OR DIVESTED  
(DO NOT INCLUDE AMOUNT)

NAME OF STATE  
OR MUNICIPAL AGENCY

NA

16. If you, your spouse or dependent child were indebted in an amount in excess of \$1,000 to any person, business entity or other organization other than (i) any person related to you, your spouse or dependent child at any time within the third degree of consanguinity, or (ii) 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, or (iii) any indebtedness arising from transactions involving credit cards, please list the following:

NAME AND ADDRESS OF DEBTOR

NAME AND ADDRESS OF LENDER

NA

I certify under penalty of perjury, that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests during the year 2013 of myself, my spouse, and my dependent children. I acknowledge that I may request an advisory opinion from the Ethics Commission as to my conduct under the Code of Ethics. I understand that a copy of the Code of Ethics will be provided to me at no cost upon request by contacting the Ethics Commission.

State of Rhode Island  
County of Washington

Ronald J. [Signature]  
SIGNATURE

Subscribed and sworn to before me at Charlestown this 4<sup>th</sup> day of April 2014

My Commission expires: 4/4/2015 [Signature]  
SIGNATURE OF NOTARY PUBLIC

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED AND IF ANY QUESTION IS NOT ANSWERED.

15.

16,

if you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a 5,000 or greater ownership or investment interest in a business after January 1, 2014 and before the date you file this statement AND if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS OF BUSINESS DESCRIPTION OF INTEREST (NOT AMOUNT)

/ AND DATE ACQUIRED AND/OR DIVESTED

NAME OF REGULATING AGENCY HOW REGULATED

if you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a 5,000 or greater ownership or investment interest in a business after January 1, 2014 and before the date you file this statement, which did business in excess of 250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS DESCRIPTION OF INTEREST NAME OF STATE

OF BUSINESS DATE ACQUIRED AND/OR DIVESTED OR MUNICIPAL AGENCY / (DO NOT INCLUDE AMOUNT)

If you, your spouse or dependent child were indebted in an amount in excess of 1,000 to any person, business entity or other organization other than (i) any person related to you, your spouse or dependent child at any time within the third degree of Consanguinity, or (ii) 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, or (iii) any indebtedness arising from transactions involving credit cards, please list the following:

NAME AND ADDRESS OF DEBTOR NAME AND ADDRESS OF LENDER

I certify under penalty of perjury, that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests during the year 2013 of myself, my spouse, and my dependent children. I acknowledge that I may request an advisory opinion from the Ethics Commission as to my conduct under the Code of Ethics. I understand that a copy of the Code of Ethics will be provided to me at no cost upon request

by contacting the Ethics Commission. رمیس ؟ A04/4% %/z State of Rhode Island , f / -

SIGNATURE of NotARY PUBLIC