



Filing ID #10006328

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Hon. Ileana Ros-Lehtinen  
**Status:** Member  
**State/District:** FL27

## FILING INFORMATION

**Filing Type:** Annual Report  
**Filing Year:** 2014  
**Filing Date:** 05/14/2015

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income	Tx. > \$1,000?
BB & T Bank	DC	\$1,001 - \$15,000	Interest	\$1 - \$200	<input type="checkbox"/>
Capital Bank	JT	\$50,001 - \$100,000	Interest	\$1 - \$200	<input type="checkbox"/>
Community Bank of Homestead	SP	\$1,001 - \$15,000	None		<input type="checkbox"/>
Community Bank of Homestead		\$1 - \$1,000	None		<input type="checkbox"/>
DESCRIPTION: 2 IRA's					
Florida State Retirement Plan		Undetermined	None		<input type="checkbox"/>
DESCRIPTION: Continued participation in the Florida State Retirement Plan					
House Property on 9855 SW 138 Street Miami, FL	SP	\$250,001 - \$500,000	Rent	\$15,001 - \$50,000	<input type="checkbox"/>
LOCATION: Miami-Dade, FL, US					
Nokia Stock	JT	None	None		<input type="checkbox"/>
DESCRIPTION: stock lost value					

SCHEDULE B: TRANSACTIONS

None disclosed.

SCHEDULE C: EARNED INCOME

Source	Type	Amount
Dexter Lehtinen, Attorney at Law	Spouse's Law Practice	N/A

SCHEDULE D: LIABILITIES

None disclosed.

SCHEDULE E: POSITIONS

None disclosed.

SCHEDULE F: AGREEMENTS

Date	Parties To	Terms of Agreement
1989	Florida State Retirement Plan	Continued participation in the Florida State Retirement Plan

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?
Development Corporation for Israel	01/27/2014	01/27/2014	Miami, FL - Boca Raton, FL - West Palm Beach, FL - Washington, DC	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Israel Public Affairs Committee	11/10/2014	11/11/2014	Miami, FL - Tampa, FL - Miami, FL	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. Ileana Ros-Lehtinen , 05/14/2015