	e Yes No V	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?	ed by the Commit	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain disclosed. Have you excluded from this report details of such a trust benefiting you, your sp	Details regarding "Qu disclosed. Have you	Trusts	
	STIONS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS	ST INFORM,	PENDENT, OR TRU	N OF SPOUSE, DEF	XCLUSIO	Ш
		schedule attached for each "Yes" response.			If yes, complete and attach Schedule V.	If yes, comp	
	and the appropriate	Each question in this part must be answered and the appropriate	Yes No V	-	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Did you, your than \$10,000)	.<
		If yes, complete and attach Schedule IX.			ff yes, complete and attach Schedule IV.	If yes, comp	
	outside Yes V No	Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes No	Ą	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting		₹.
		If yes, complete and attach Schedule VIII.			If yes, complete and attach Schedule III.	If yes, comp	
	iling in the Yes U No	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes V No		Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1 n00 at the end of the period?	Did you, your more than \$20	=
		If yes, complete and attach Schedule VII.			If yes, complete and attach Schedule II.	If yes, comp	
	ble travel or han \$350 Yes ✔ No ☐	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$350 from one source)?	Yes No 🗸	lieu of paying	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?	Did any indivi	Ē
		If yes, complete and attach Schedule VI.			If yes, complete and attach Schedule I.	If yes, comp	
	ble gift in the yes No V	Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?	Yes V No	g., salaries or fees) of \$200	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	Old you or yo	-
		QUESTIONS	OF THESE G	- ANSWER EACH	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS	RELIMINA	ام ا
	more than 30 days late.	ation	☐ Termination	☐ Amendment	Annual (May 15)	Report Type	
	anyone who ries					ı	
	A \$200 penalty shall be assessed against	Officer Or Employing Office: Employee		State: FL tatives District: 18	✓ Member of the U.S. House of Representatives	Filer Status	
710	U.S. HOUSE PROPERTY.	(Daytime Telephone)		(Full Name)	(1		
	2012 MAY 15 PM 5: 06	202-225-3931		lleana Ros-Lehtinen	lleana		
	ELIST ATTVE RESOURCE CLATTS						
	•	For use by Members, officers, and employees	ENT	DISCLOSURE STATES	CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT	ALENDAR	$\overline{}$
ED] DELIVERED	FORM A Page 1 of 6	ATIVES	OF REPRESENT	UNITED STATES HOUSE OF REPRESENTATIVES	JUITED	二
	HAND						1

Exemptions-- 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? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes

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SCHEDULE I - EARNED INCOME

Name Ileana Ros-Lehtinen

Page 2 of 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source Type Amount Dexter Lehtinen, Attorney at Law Spouse's Law Practice N/A	\$1,000.		
Spouse's Law Practice	Source	Туре	Amount
	Dexter Lehtinen, Attorney at Law	Spouse's Law Practice	N/A

SCHEDUL	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	IE Name Ileana Ros-Lehtinen	s-l ehtinen		Page 3 of 6
	BI OCK A	BI OCK B	RI OCK C	BI OCK D	BI OCK F
Assi	Asset and/or Income Source	Year-End	Type of Income	Amount of Income	Transaction
Identify (a) each value exceeding reportable asse "unearmed" inc	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearmed" income during the year.	Value of Asset At close of reporting year. If you use a valuation	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that consents to the consents of	For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k)) plans or IRAS (Not).	Indicate if asset had purchases (P), sales (S), or exchanges (E)
Provide comple	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	method other than fair market value, please	generate tax-deterred income (such as 401(k) plans or IRAs), was check the "None"	plans or IRAs), you may check the "None" column. For all other assets indicate the category of	exceeding \$1,000 in reporting year.
For all IRAs and (i.e.,plans in what invastments) of	For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e.,plans in which you have the power, even if not exercised, to select the specific investments) receives the value for each asset held in the account that exceeds the	Fan asset was sold and is included only because it is	column. Dividends, interest, and capital gains, even if reinvested must be disclosed	income by checking the appropriate box below. Dividends interest and capital	
reporting thresho only the name of reporting period.	reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.	value should be "None."	as income. Check "None" if the asset generated no income during the reporting period.	gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or senerated	
For rental or ot	For rental or other real property held for investment, provide a complete address.			Sellerance.	
For an ownership in state the name of the location in Block A.	For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.				
Exclude: Your (unless there w \$5,000 or less in, or income de Savings Plan.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.				
If you so choos spouse (SP) or optional column	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.				
DC	BB & T Bank (formerly known as Commercial Bank of Florida)	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
JT	Capital Bank (formerly known as Metro Bank)	\$50,001 - \$100,000	INTEREST	\$1 - \$200	
SP	Community Bank of Homestead	\$1,001 - \$15,000	Other: N/A (Please specify)	NONE	
	Community Bank of Homestead (2IRA's)	\$1,001 - \$15,000	Other: N/A (Please specify)	NONE	
SP	House Property on 9855 SW 138 Street, Miami, FL	\$250,001 - \$500,000	RENT	\$15,001 - \$50,000	
Ţ	Nokia Stock	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME	NEARNED" INCOME	Name Ileana Ros-Lehtiner	₹os-Lehtinen		Page 4 of 6
SP Rental House on 10780 S Kendale Blvd, Miami, FL	Ø	\$250,001 - \$500,000	Other: N/A (Please specify)	NONE	
(no longer a rental property)	perty)		-	-	-

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Ileana Ros-Lehtinen Page 5 of 6

spouse or dependent child that is totally independent of his or her relationship to you. the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the

AIPAC Dec. 4-11 Miami-Palm Beach-Miami N N N	Was a Family Point of Departure Lodging? Food? Member Included? Source Date(s) DestinationPoint of Return (Y/N) (Y/N) (Y/N)
	? Food? Mem
	Was a Family mber Included? (Y/N)
None	Days not at sponsor's expense

SCHEDULE IX - AGREEMENTS

Name Ileana Ros-Lehtinen

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Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Circles of the circles	compression of a source production of the source of the so	
Date	Parties To	Terms of Agreement
1989	Florida State Retirement Plan	Continued participation in the Florida State Retirement Plan