



Filing ID #10055600

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Hon. Delia Ramirez  
**Status:** Member  
**State/District:** IL03

## FILING INFORMATION

**Filing Type:** New Filer Report  
**Filing Year:** 2022  
**Filing Date:** 08/11/2023

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
BNH LLC [OL] LOCATION: Chicago/ Cook, IL, US DESCRIPTION: Income from LLC Business	SP	\$1,001 - \$15,000	Salary Schedule C	Not Applicable	\$5,001 - \$15,000
Credit Union Savings Account [BA]		\$1,001 - \$15,000	None		
Personal Residence [RP] LOCATION: Chicago, IL, US	JT	\$250,001 - \$500,000	Rent	Not Applicable	\$5,001 - \$15,000
State of Illinois Pension [PE]		Undetermined	Tax-Deferred		

\* For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

## SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
Puerto Rican Cultural Center	Spouse Salary	N/A	N/A
State of Illinois	Salary	N/A	\$84,984.00
State of Illinois	Per Diem	N/A	\$2,635.00

Source	Type	Amount Current Year to Filing	Amount Preceding Year
State of Illinois	Mileage Reimbursement	N/A	\$1,658.00
BNH LLC	Spouse Salary	N/A	N/A

## SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
JT	Credit Union One	Feb 2018	Mortgage for Primary Residence	\$100,001 - \$250,000

## SCHEDULE E: POSITIONS

Position	Name of Organization
Assistant Democratic Leader; State Representative	Illinois House of Representatives

## SCHEDULE F: AGREEMENTS

Date	Parties To	Terms of Agreement
January 2023	Myself and State of Illinois	Defined benefit pension paid upon eligibility

## SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

None disclosed.

## EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

**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. Delia Ramirez , 08/11/2023