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U.S. HOUSE OF REPRESENTATIVES

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006

FORM A For use by Members, officers, and employees

Ileana Ros-Lehtinen
(Full Name)

2160 Rayburn Building washington, DC 20515
(Mailing Address)

2253931
Daytime Telephone:

Filer Status	☑ Member of the U.S. House of Representatives	State: FL District: 18	☐ Officer Or Employee — Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date:

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

		Yes	No
I.	Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	☑	☐
II.	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? **If yes, complete and attach Schedule II.**	☑	☐
III.	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 $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	☑	☐
IV.	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding $1,000 during the reporting period? **If yes, complete and attach Schedule IV.**	☐	☑
V.	Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	☐	☑
VI.	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $305 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	☐	☑
VII.	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $305 from one source)? **If yes, complete and attach Schedule VII.**	☑	☐
VIII.	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	☐	☑
IX.	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	☐	☑

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

		Yes	No
Trusts--	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct 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?	☐	☑
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?	☐	☑

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and wilfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Ileana Ros-Lehtinen	May 15, 2007

SCHEDULE I - EARNED INCOME

Name Ileana Ros-Lehtinen

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

SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name Ileana Ros-Lehtinen

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. A green envelope for transmitting the list is included in each Member's filing package. Employees may request a green envelope from the Clerk or use a plain envelope that is appropriately labeled.

Source	Activity	Date	Amount
HBO Real Time with Bill Maher	TV Appearance	March 17, 2006	$800
HBO Real Time with Bill Maher	TV Apperance	October 6, 2006	$800

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Ileana Ros-Lehtinen

BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source 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 asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. 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 (JT), in the optional column on the far left.		**Year-End Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	**Type of Income** Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	**Amount of Income** For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.	**Transaction** Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding $1,000 in reporting year.
DC	Alliance Premier Growth Fund	$15,001 - $50,000	CAPITAL GAINS	$1,001 - $2,500	
JT	Bank Atlantic	$1 - $1,000	INTEREST	$1 - $200	
DC	Commercial Bank of Florida	$1,001 - $15,000	INTEREST	$201 - $1,000	
JT	Commercial Bank of Florida	$50,001 - $100,000	INTEREST	$201 - $1,000	
SP	Community Bank of Homestead	$1,001 - $15,000	INTEREST	$1 - $200	
SP	Community Bank of Homestead (2IRA's)	$1,001 - $15,000	INTEREST	$1 - $200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Ileana Ros-Lehtinen

SP	Florida State Retirement Plan	$1,001 - $15,000	Other: NA	$1,001 - $2,500	
SP	House Property on 9855 SW 138 Street, Miami, FL	$250,001 - $500,000	RENT	$1,001 - $2,500	
SP	Mega Bank Stock	$1 - $1,000	DIVIDENDS	NONE	
JT	Nokia Corp. Stock	$1,001 - $15,000	DIVIDENDS	$1 - $200	
JT	Royal West Properties Loan	$15,001 - $50,000	INTEREST	$1 - $200	

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Ileana Ros-Lehtinen

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than $305 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 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 sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under 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 spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure--Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
HBO Real Time with Bill Maher	March 17-19	DC-Los Angeles-Miami	Y	N	N	1 Days
American Israel Public Affairs Committee (New England Region)	May 7-8	Miami-Boston-DC	Y	Y	N	0 Days
HBO Real Time with Bill Maher	Oct. 6-7	Miami-DC-Miami	N	N	N	0 Days