



Filing ID #10059937

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

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

## FILING INFORMATION

**Filing Type:** Annual Report  
**Filing Year:** 2023  
**Filing Date:** 08/2/2024

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income	Tx. > \$1,000?
BNH LLC [OL]	SP	\$1,001 - \$15,000	Ordinary Business Income	\$15,001 - \$50,000	<input type="checkbox"/>
LOCATION: Chicago/ Cook, IL, US DESCRIPTION: Salary listed on Schedule C; Income from LLC Business					
Chase Savings Account [BA]		\$1,001 - \$15,000	None		<input type="checkbox"/>
Personal Residence [RP]	JT	\$250,001 - \$500,000	Rent	\$5,001 - \$15,000	<input type="checkbox"/>
LOCATION: Chicago, IL, US					
State of Illinois Pension [PE]		Undetermined	Tax-Deferred		<input type="checkbox"/>

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

## SCHEDULE B: TRANSACTIONS

None disclosed.

## SCHEDULE C: EARNED INCOME

Source	Type	Amount
BNH LLC	Spouse Salary	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

None disclosed.

## SCHEDULE F: AGREEMENTS

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

## SCHEDULE G: GIFTS

None disclosed.

## SCHEDULE H: TRAVEL PAYMENTS AND REIMBURSEMENTS

None disclosed.

## 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. Delia Ramirez , 08/2/2024