2024 Form 1 - Statement of Financial Interests

Filed with COE: 07/09/2025

General Information

Name: Dexter Wayne Lehtinen

PID 255419

AGENCY INFORMATION

Organization	Suborganization	Title
West Miami	Employees	City Attorney

Disclosure Period

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2024.

Primary Sources of Income

PRIMARY SOURCE OF INCOME (Over $2,500) (Major sources of income to the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Name of Source of Income	Source's Address	Description of the Source's Principal Business Activity
DFAS	8899 East 56th ST Indianapolis, IN 46249	Army retirement disability pay
Social Security	6401 Security Blvd. Baltimore, MD 21235	Retirement
City of West Miami	901 Sw 62nd AVE West Miami, FL 33144	Employment

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Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (If you have nothing to report, write “none” or “n/a”)

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)
(If you have nothing to report, write “none” or “n/a”)

Location/Description
9855 SW 138th ST Miami, FL 33176 / Residential Property
10780 South Kendale Miami, FL 33176 / Residential Property

Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over $10,000)
(If you have nothing to report, write “none” or “n/a”)

Type of Intangible	Business Entity to Which the Property Relates
Florida Prepaid College Tuition and Investment Plan	Personal
Truist Bank Account	Personal
First Horizon Bank Account	Personal

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Liabilities

LIABILITIES (Major debts valued over $10,000):
(If you have nothing to report, write “none” or “n/a”)

Name of Creditor	Address of Creditor
N/A	

Interests in Specified Businesses

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)
(If you have nothing to report, write “none” or “n/a”)

Business Entity # 1
N/A

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

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Signature of Filer

Dexter Wayne Lehtinen

Digitally signed: **07/09/2025**

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