

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

Please print or type your name, mailing address, agency name, and position below:

LAST NAME — FIRST NAME — MIDDLE NAME:
Benson, Keesha, Lashon

MAILING ADDRESS:
PO Box 16065

CITY: **St. Petersburg** ZIP: **33733** COUNTY: **Pinellas**

NAME OF AGENCY:
Pinellas County School Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
Pinellas County School Board, District 3 (At Large)

CHECK IF THIS IS A FILING BY A CANDIDATE

2022 JUN 13 PM 12:09

SUPERVISOR OF ELECTIONS
 ELECTION SERVICE CENTER

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2021 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December 31, 20 21 was \$ 231,206.62.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 65,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Residence 6609 30th Street South St. Petersburg, FL 33712	610,000.00
Retirement Account (TIAA-CREF) 730 Third Ave. New York, NY 10017	30,929.87
Retirement Account (Fidelity) 900 Salem Street, Smithfield, RI 02917	30,037.29
Bank accounts (Bank of America) 100 North Tryon Street Charlotte, NC 28255	4,771.06

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Car Loan (Suntrust now Truist) PO BOX 580048 Charlotte, NC 28258	37,658.51
Federal Student Loans (Fed Loan Servicing) P.O. Box 790234 St. Louis, MO 63179-0234	185,000.00
Personal Loan (Best Egg) PO Box 70164 Philadelphia, PA 19176-0164	10,314.49
Mortgage (Mr. Cooper - David/Keesha Benson) PO BOX 60516 City of Industry, CA 91716	327,867.04

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>N/A</u>	

PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2021 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2021 federal income tax return and all W2's, schedules, and attachments. (If you check this box and attach a copy of your 2020 tax return, you need not complete the remainder of Part D.)

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PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
TriNet HR III & XI, Inc. (FHSP)	Suite 600 I Park Place Dublin, CA 94568	140,000
Rutgers University	33 Knightsbridge Road, Rm B112 Piscataway, NJ 08854	30,000

SECONDARY SOURCES OF INCOME (Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5):

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

PART E -- INTERESTS IN SPECIFIED BUSINESSES (Instructions on page 6)

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A	N/A	N/A
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

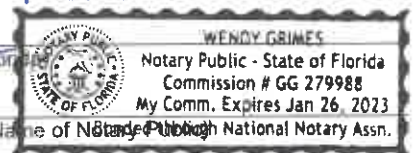
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
COUNTY OF Pinellas

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 7 day of

June, 2022 by Keesha Benson

(Signature of Notary Public--State of Florida) Wendy Grimes



(Print, Type, or Stamp Commissioned Name of Notary Public) Wendy Grimes

Personally Known _____ OR Produced Identification X

Type of Identification Produced FL DL

Keesha Benson
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

Assets (continued)

Retirement Account (PAi) P.O. Box 5250, De Pere, WI 54115 \$10,357.19

TransAmerica PO Box 189. Cedar Rapids, IA 52406 \$40,951.25

RECEIVED

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