

FORM 6

**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS**

2018

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

FOR OFFICE USE ONLY:

CONFIDENTIAL
 FLORIDA
 COMMISSION ON ETHICS
 FLORIDA
 COMMISSION ON ETHICS
 JUN 29 2018
 208 18
 RECEIVED
 RECEIVED
PROCESSED

LAST NAME — FIRST NAME — MIDDLE NAME:
BENSON, BETSY

MAILING ADDRESS:
201 S.E. 6TH STREET

CITY: **FT. LAUDERDALE** ZIP: **FL 33301** COUNTY: **33301**

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
COUNTY COURT JUDGE

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2018 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, 20 19 was \$ 654,241.59.

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 \$ 3,800.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
RESIDENCE	500,000.00
DEFERRED COMP	184,769.00
BANK ACCOUNTS	20,000.00
FLORIDA PREPAID	21,000.00

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
MORTGAGE	74,327.41

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	N/A

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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2019 tax return, you need not complete the remainder of Part D.]

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

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
STATE OF FLORIDA		137,974.00

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			
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

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

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 Duval

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 23rd day of

June, 2020 by The Hon. Betsy Belsin
Farida J. Major
 (Signature of Notary Public--State of Florida)

FARIDA J. MAJOR
 (Print, Type, or Stamp Commissioned Name of Notary Public) **FARIDA J MAJOR**
 Commission # **GG 123608**

Personally Known OR Produced Identification **Expires August 14, 2021**
 Type of Identification Produced _____


Betsy Belsin
 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

FORM 6 – PART B – ASSETS – (Contd.)

Assets Individually Value at Over \$1,000.00

Value of Asset

2011 Honda Insight
1991 Jeep Wrangler

\$ 1,300.00
\$ 1,500.00

PROCESSED CONFIDENTIAL

FLORIDA
COMMISSION ON ETHICS

Form 6A. Disclosure of Gifts, Expense Reimbursements or Payments, and Waivers of Fees and Charges

JUN 29 2023

RECEIVED

20878

All judicial officers must file with the Florida Commission on Ethics a list of all reportable gifts accepted, and reimbursements or direct payments of expenses, and waivers of fees or charges accepted from sources other than the state or a judicial branch entity as defined in Florida Rule of Judicial Administration 2.420(b)(2), during the preceding calendar year as provided in Canons 5D(5)(a) and 5D(5)(h), Canon 6A(3), and Canon 6B(2) of the Code of Judicial Conduct, by date received, description (including dates, location, and purpose of event or activity for which expenses, fees, or charges were reimbursed, paid, or waived), source's name, and amount for gifts only.

Name: BETSY BENSON Work Telephone: 954-831-7776

Work Address: 201 S.E. 6th Street; #13131 Judicial Office Held: CTY. CT. JUDGE

1. Please identify all reportable gifts, bequests, favors, or loans you received during the preceding calendar year, as required by Canons 5D(5)(a), 5D(5)(h), and 6B(2) of the Code of Judicial Conduct.

DATE	DESCRIPTION	SOURCE	AMOUNT
			\$
NONE	NONE	NONE	\$ NONE
			\$
			\$

Check here if continued on separate sheet

2. Please identify all reportable reimbursements or direct payments of expenses, and waivers of fees or charges you received during the preceding calendar year, as required by Canons 6A(3) and 6B(2) of the Code of Judicial Conduct.

DATE	DESCRIPTION (Include dates, location, and purpose of event or activity for which expenses, fees, or charges were reimbursed, paid or waived)	SOURCE

Check here if continued on separate sheet

CONTINUE TO PAGE 2 FOR OATH

OATH

State of Florida

County of BROWARD

I, BETSY BENSON, the public official filing this disclosure statement, being first duly sworn, do depose on oath and say that the facts set forth in the above statement are true, correct, and complete to the best of my knowledge and belief.

Betsy Benson
(Signature of Reporting Official)

Farida J. Major
(Signature of Officer Authorized to Administer Oaths)

My Commission expires _____



FARIDA J MAJOR
Commission # GG 123608
Expires August 14, 2021
Bonded Thru Budget Notary Services

Sworn to and subscribed before me this

23rd day of June, 2020.

BETSY BENSON
COUNTY JUDGE
SEVENTEENTH JUDICIAL CIRCUIT OF
FLORIDA



BROWARD COUNTY COURTHOUSE
201 S.E. 6TH STREET, ROOM 13131
FORT LAUDERDALE, FL 33301
(954) 831-7776

FLORIDA
COMMISSION ON ETHICS

JUN 29 2020

RECEIVED

June 15, 2020

Via Certified Mail – Return Receipt Requested
7012 3460 0003 5601 8703

Commission on Ethics
P.O. Box 15709
Tallahassee, FL 32317 – 5709

Re: The Hon. Betsy Benson
County Court Judge
Full and Public Disclosure of Financial Interests – 2019

Dear Sir/Madam:

Enclosed please find the following:

1. Original of Form 6 – Full and Public Disclosure of Financial Interests -- 2019; and
2. Original of Form 6A (Gift Disclosure)

Should you have any questions, please do not hesitate to contact my office. Thank you.

Very truly yours,

A handwritten signature in black ink that reads "Betsy Benson".

BETSY BENSON
County Court Judge

BB/fjm

Enclosures