MICHIGAN DEPARTMENT OF STATE	,	Form A	Page 1 of <u>9</u>
2018 VOLUNTARY FINANCIAL DISCLOSURE STATEME	:NT		(Office Use Only)
Name: Jocelyn Benson	Daytime Teleph	none:	(Office Ose Offiy)
REPORT 2018 Annual (Due: May 15, 2019)	Amendment		
PRELIMINARY INFORMATION – ANSWER EACH OF	THESE QUESTIONS		
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$500 at the end of the reporting period? or b. Receive more than \$500 in unearned income from any reportable asset during the reporting period?	Yes No	F. Did you have any reportable agreement or outside entity during the reporting period or in year up through the date of filing?	
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$500 during the reporting period?	Yes No No	G. Did you, your spouse, or your dependent or reportable gift(s) totaling more than \$500 in visource during the reporting period?	
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$500 or more during the reporting period?	Yes No	H. Did you, your spouse, or your dependent or reportable travel or reimbursements for travel \$500 in value from a single source during the	I totaling more than Yes No X
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes No X	Did any individual or organization make a d lieu of paying you for a speech, appearance, reporting period?	
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No	ATTACH THE CORRESPONDING	G SCHEDULE IF YOU ANSWER "YES"

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Jocelyn Benson Page 2 of 9

BLOCK A	T					BLO	СК В											BLO	ск с			Т					BLO	CKD					7	BLOCK E
Assets and/or Income Sources								set											Inco										com					Transaction
dentify (a) each asset held for Investment or production of income and with a fair market value exceeding \$500 at the end of the reporting period, and (b) any other reportable asset or source of noome that generated more than \$500 in "unearned" noome during the year. Provide complete names of stocks and mutual funds do not use only ticker symbols). For all IRAs and other retirement plans (such as 101(k) plans) provide the value for each asset held in	valua used If an beca *Coli you	ation m I. n asse nuse it numn M	nethod et was genera t is for a	sold of sted incomes	than fa turing t come, t	ir mar the re he val	ket va portin lue sh	alue, p ng per nould b	iod a	e spe and is one,"	cify th	ne me uded	thod only ich	gene 529 colur even for a	rate to account. if re issets asse	ax-de unts). Divid inves held	ferred you fends, sted, in ta	incor may into must xable	me (si chect erest, be de e acco	uch as k the and lisclos ounts.		may cate Divid mus acco gene *Col	check gory of dends t be ounts.	the 'of income, into discher C	None come erest, osed heck	by c and as in "Nor	umn. heckir capi ncom ne" if	For an ang the tall gare for no by y	all other e appains, r asse incon	er ass propria even ets h	etsine ate bo if re eld in vas e	dicate ox be inves n tax amed	e the elow. sted, cable d or	asset had purchases (P), sales (S), or
he account that exceeds the reporting thresholds. For bank and other cash accounts, total the amount nall interest-bearing accounts. If the total is over \$500. list every financial institution where there is more than \$500 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g.,		В	С	D	E	F	G	H	1	į	к	L	M									i	H	111	R	٧	Ŋ	VII	VIII	įχ	×	ΧI	×н	Leave this column blank if there are no transactions that exceeded \$500.
rental property," and a city and state. For an ownership interest in a privately-held business hat is not publicly traded, state the name of the business, the nature of its activities, and its geographic locat ¹ on in Block A.																																		
Exclude: Your personal residence, including second nomes and vacation homes (unless there was rental noome during the reporting period); and any financial nterest in, or income derived from, a state etirement program, including the Thrift Savings Pian. If you report a privately-traded fund that is an Excepted investment Fund, please check the "EIF" lox.													30,600⁺			And a second					come or Farm Income)												ne over \$1,000,000*	
f you so choose, you may indicate that an asset or noome source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.		\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100.001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Incame (Specify: e.g Partnership Income	Mone	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,060,000	Spouse/DC Asset with Income over \$1,000,000	P, S, S(part), or
SP, SP Mega Corp. Stock					х				1	T					х							T			х									S(part)
Examples: Simon & Schuster			indefin	ite	\prod				寸		l					 					Royalties			Х										-
ABC Hedge Fund X							х														Partnership Income					х								
IT Chemical Bank						X											X							X										
" UM Credit Union			X														X						X											
11 PNC Bank			X														X						X											
WSU 403 (B)							X													X							X							
						\prod	_	_	1	_																								

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Jocelyn Benson Page 3 of 9

,	BLOCK A Assets and/or Income Sources							BLC lue			t										CK (ome					Δ		BLO unt		D I con	ne				BLOCK E Transaction
			A	В	С	D	E	F	G	н	1	J	к		W									1	II	ili	IV	v	VI	VII	VIII	lΧ	Х	хі	XII	
			None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-5500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1.\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100.001-\$1,000,000	\$1,000,001-\$5,000.000	Over \$5,000,000	Spouse/DC Asset with Income over \$1,000,000*	P, S, S(part), or E
SP, DC, JT	ASSET NAME	EIF																																		
SP	401 (K)	1						χ														X				X										
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SCHEDULE B - TRANSACTIONS N/A

Name: Jocelyn Benson Page 4 of 9

		ale, or exchange transactions that exceeded \$500 in the	Ту	pe of Tr	ansactio	on		Date		4		Ar	nount	of Tra	nsacti	on			
resulted in Exclude transpurchase of a portion of Capital Gathe capital the capital	a capital loss ansactions be r sale of your an asset is so loss: If a sales gains" box, u pain income of	security or real property held by you, your spouse, or your streen or the production of income. Include transactions that so, Provide a brief description of an exchange transaction, elween you, your spouse, or dependent children, or the personal residence, unless it generated rental income. If only old, please choose "partial sale" as the type of transaction, transaction resulted in a capital gain in excess of \$500, check nless it was an asset in a tax-deferred account, and disclose in Schedule A.	Purchase	Sale	Partal Sale	Ехсһапде	Check Box if Ca. lal Gain Exceeded \$200 Pt	(MO/DAYR) or Quarterly, Monthly, or Bi- weekly, it appficable	\$1,001· \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001. \$250,000	\$250,001. \$500,060	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001. \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000° X (Spouse/DC Asset)
SP, DC, JT	15 101 255615 5	Asset																	
SP	Example	Mega Corp. Stock			х		Х	3/9/17		х									
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SCHEDULE C - EARNED INCOME

Name:	Joceli	in Benson	Page 5 of 9

List the source, type, and amount of earned income from any source (other than the filer's current employment by the state of Michigan) totaling \$500 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$500. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), state of Michigan retirement programs, and benefits received under the Social Security Act.

	Source (include date of receipt for honoraria)	Туре	Amount
Examples:	Keene State State of Maryland Civil War Roundtable (Oct. 2) Ontario County Board of Education	Approved Teaching Fee Legislative Pension Spouse Speech Spouse Satary	\$6,000 \$18,000 \$1,000 N/A
Ross	Initiative In Sports e State University of Detroit	Salary	\$ 300,000
Wayn	e State University	Salary	9 70,000 9 165,000
City	of Detroit	Spouse Salary	4 165,000

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Name:	Jocelyn	Benson	Page_6_ of _9

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse or your dependent child. Mark the highest amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless you rent it out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$500. *Column K is for liabilities held solely by your spouse or dependent child.

								Α	moun	t of Li	ability				
SP. DC. JT		Creditor	Date Liability Incurred MO/YR	Type of Liability	A	В	С	D	E	F	G	н	1	20,000	0,000" × Liability) ×
	Ехатріе	First Bank of Wilmington, DE	5/15	Mortgage on Rental Property, Dover, DE	\$10,001-	\$15,001- \$50,000	\$50,001-	\$100,001-	\$250,001-	\$500,001-	\$1,000,001-	\$5,000,001-	\$25,000,001-	Over \$50,000,000	Over \$1,000,000" (Spouse/DC Liability)
	Non	e													
									,						

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the state of Michigan. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
Member, Board of Directors	Southern Poverty Law Center
Member, Advisory Board	icivies Inc.
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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the state of Michigan; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
2010	Wayne State University	Tenured Faculty-Unpaid Leave beginning 2019

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$500 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$50 or less need not be added towards the \$500 disclosure threshold.

Source		Description	
Example:	Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	550
Nor	1e		

SCHEDULE H – TR	AVEL PAYMENTS	and REIMBURSEMENTS
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Name: Jocelyn Benson Pa	age <u>8</u>	of <u>9</u>
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Identify the source and list travel itinerary, dates and nature of expenses provided for travel and travel-related expenses by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor. Exclude travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Beijing , China-DC	Υ	Y	N
Examples:	Habitat for Humanity (chanity fundraiser)	Mar. 3-4	DC-Boston-DC	Y	Y	Y
N	one N/A					
	7.					
						·

Use additional sheets if more space is required.

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: Toceli	in Benson	Page 9 of 9
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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 paying an honorarium to you. A separate list of charities receiving such payments must be filed directly with the Michigan Department of State.

	Source	Activity	Date	Amount
. TA	ssociation of American Associations, Washington, DC	Speech	Feb. 2, 2018	\$2,000
amples:	YZ Magazine	Article	Feb, 2, 2018 Aug. 13, 2018	\$2,000 \$500
None				