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**From:** Web Form Poster [drtonybennett@gmail.com]  
**Sent:** Monday, February 11, 2013 7:57 AM  
**To:** IG Info  
**Subject:** [Form 40876 submission]

For the Calendar Year: 2012  
Check if this is an amendment to your current statement.:

Name (Last): Bennett  
Name (First): Charles  
Name (Middle): Anthony

Spouse's Name (Last): Bennett  
Name (First): Tina  
Name (Middle): Reece

Office Address (Street): Statehouse Room 228 Address (City): Indianapolis Address (Zip):  
46204

Office Telephone Number: ( 317 )232.6611 Email Address (required): [drtonybennett@gmail.com](mailto:drtonybennett@gmail.com)

I am filing this statement as a (select one): incumbent

Office or Agency: Department of Education Job Title: Supt. of Public Instruction

PART 1 - GIFTS (If you have information to report below, select YES. If no information, select NO.) No

Name (Last):  
Address (City):  
Address (Zip):  
Name (Last):

Address (City):  
Address (Zip):

Name (Last):  
Address (City):  
Address (Zip):

PART - 2 REAL PROPERTY INTERESTS (If you have information to report below, select YES. If no information, select NO.) No

Property and its location:  
Property and its location:  
Property and its location:

PART - 3 Non-State Employers (If you have information to report below, select YES. If no information, select NO.) Yes

List the name of your employer(s) and the employer(s) of your spouse and the nature of each employer's business.

Your employer:  
Nature of business:

Spouse's employer: Ivy Tech  
Nature of business: Education

PART 4 - SOLE PROPRIETORSHIP OR PROFESSIONAL PRACTICE (If you have information to report below, select YES. If no information, select NO.) No

Name of Your Business:

Nature of Business:

Name of Spouse's Business:

Nature of Spouse's Business:

Do any clients for these businesses listed above have a business relationship with your agency (or in the case of a candidate, with the office sought)?

List the name of any client or customer from whom you or your spouse received more than thirty-three percent (33%) of your (or your spouse.s) non-state income in a year.

PART 5 - PARTNERSHIPS (If you have information to report below, select YES. If no information, select NO.) No

Name of Your partnership:

Nature of partnership:

Name of Spouse's partnership:

Nature of Spouse's partnership:

PART 6 - OFFICER OR DIRECTOR OF CORPORATION (If you have information to report below, select YES. If no information, select NO.) No

Name of Corporation:

Nature of Business:

Name of Spouse's Corporation:

Nature of Spouse's Business:

PART 7 - STOCKHOLDER OF CORPORATION (If you have information to report below, select YES. If no information, select NO.) No

Name of corporation:

your's:

spouse's:

children's:

Name of corporation:

your's:

spouse's:

children's:

Name of corporation:

your's:

spouse's:

children's:

PART 8 - MOST RECENT EMPLOYER (If you have information to report below, select YES. If no information, select NO.) Yes

Name of your most recent former employer: Greater Clark County Schools

Address

Street: 2112 Utica - Sellersburg Rd  
City: Jeffersonville  
State: IN  
Zip Code:

COMMENTS

<p>Please place any comments in the fields below This is my final financial disclosure statement while in office and covers the period through January 11, 2013.

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FIELDS NOT DEFINED IN THE TEMPLATE FOLLOW  
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