

From: Web Form Poster [tbennett@doe.in.gov]
Sent: Monday, January 31, 2011 1:18 PM
To: IG Info
Subject: Bennett, Charles DOE

For the Calendar Year: 2010
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 Rm 228
Address (City): Indianapolis
Address (Zip): 46204

Office Telephone Number: (317)232.6611
Email Address (required): tbennett@doe.in.gov

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

Office or Agency: Department of Education
Job Title: Superintendent of Public Instruction

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

Name (Last): Johnson
Address (City): Indianapolis
Address (Zip): 46204
Name (Last): Grand

Address (City): Indianapolis
Address (Zip): 46204

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: Marian University; IN Public Charter Schools Assn

Nature of business: Education Consulting

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

FIELDS NOT DEFINED IN THE TEMPLATE FOLLOW
