FINANCIAL DISCLOSURE STATEMENT
STATE ETHICS COMMISSION
IC 4-2-6-8
State Form 40876 (R7 / 12-01)

RECEIVED
JAN 12 2004
By

For the calendar year ☐

Check if this is an amendment to your current statement. ☐

Name *(last)*	Name *(first)*	Name *(middle)*
Reed	Suellen	Kinder
Spouse's Name *(last)*	Name *(first)*	Name *(middle)*
—	—	—

Office address *(street)*	Address *(city)*	Address *(ZIP code)*
Room 229, State House	Indianapolis, IN	46204

Office telephone number
(317) 232-6665

I am filing this statement as a (check one box) ☐ candidate for office ☐ incumbent officeholder ☐ state employee

Office or agency	Job title
Department of Education	Superintendent of Public Instruction

Each part must be answered. Whenever a particular item does not apply, please write in "none" or "not applicable." See reverse side for complete instructions and definitions. Words in *bold italics* are included in the definitions.

PART 1 - GIFTS (*If you have no information to report in this section, put an "X" in this box*) ☒

List the name and address of any ***person*** known to have a ***business relationship*** with the agency of the state officer or employee or the office sought by the candidate, and from whom the state officer, candidate, or the employee, or that individual's spouse or unemancipated children received a ***gift*** or gifts having a total fair market value in excess of one hundred dollars ($100).

Name *(last)*	Address *(city)*	Address *(ZIP code)*
Not Applicable		
Name *(last)*	Address *(city)*	Address *(ZIP code)*
Name *(last)*	Address *(city)*	Address *(ZIP code)*

PART - 2 REAL PROPERTY INTERESTS (*If you have no information to report in this section, put an "X" in this box*) ☐

List the location of all real property in which you, your spouse, or your unemancipated children have equitable or legal interest either amounting to five thousand dollars ($5,000) or more or comprising ten percent (10%) of your net worth or the net worth of your spouse or your unemancipated children. You need not include your residence unless it also serves as income property.

Property and its location: Farm in Richland Township, Rush County

Property and its location:

Property and its location:

PART 3 - NON - STATE EMPLOYERS (*If you have no information to report in this section, put an "X" in this box*) ☒

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
Not Applicable	
Spouse's employer	Nature of business

INSTRUCTIONS

Each part must be answered. Whenever a particular item does not apply, please write in "none" or "not applicable." Incomplete statements will be returned. Please note that the statement must be affirmed and signed. Complete the form by printing legibly or typing. Attachments may be included to provide additional information or to clarify. ***Bold italiclzed*** words in the form are defined below. Financial Disclosure Statements filed with the State Ethics Commission are available for public inspection, photocopying, and possible access on the agency Web site [www.ai.org/ethics].

WHO MUST FILE THIS FORM, AND WHEN

1) The Governor, Lieutenant Governor, Secretary of State, Auditor of State, Treasurer of State, Attorney General, and Superintendent of Public Instruction, any person who is the appointing authority of an agency, the director of each division of the Department of Administration, any purchasing agent within the Procurement Division of the Department of Administration or an employee required to do so by rule adopted by the Commission must file this financial disclosure form no later than **February 1** of every year.

2) Candidates for Governor, Lieutenant Governor, Secretary of State, Auditor of State, Treasurer of State, Attorney General, and Superintendent of Public Instruction must file this disclosure before filing a declaration of candidacy under IC 3-8-2, petition of nomination under IC 3-8-6, or declaration of intent to be a write-in candidate under IC 3-8-2-2.5, or before a certificate of nomination is filed under IC 3-8-7-8.

3) The persons listed in (1) above, must file not later than sixty (60) days after employment or taking office, unless the previous employment or office required the filing of a statement under this section.

4) The same persons required to file in (1) above must file not later than thirty (30) days after leaving employment or office, unless the subsequent employment or office requires the filing of a statement under this section.

DEFINITIONS OF TERMS USED IN THIS FORM

1) **"Business relationship"** means dealings of a person with an agency seeking, obtaining, establishing, maintaining, or implementing: (A) a pecuniary interest in a contract or purchase with the agency; or (B) a license or permit requiring the exercise of judgement or discretion by the agency.

2) **"Employer"** means any person from whom a state officer or employee or the officer's or employee's spouse received compensation (*a customer or client of a self-employed individual in a sole proprietorship or a professional practice is not considered to be an employer*).

3) **"Gift"** means the transfer or promise of a transfer of something of value regardless of the form without adequate and lawful consideration or consideration less than that required of others who are not state officers or employees, including the full or partial forgiveness of indebtedness, which is not extended to others who are not state employees on the same terms and conditions. However, "gift" does not include gifts from relatives of less than two hundred fifty dollars ($250) or campaign contributions subject to IC 3-9-2.

4) **"Person"** means any individual, proprietorship, partnership, unincorporated association, trust, business trust, group, or corporation, whether or not operated for profit, or governmental agency or political subdivision.

PART 4 - SOLE PROPRIETORSHIP OR PROFESSIONAL PRACTICE (*If you have no information to report in this section, put an "X" in this box*) ☒

List any sole proprietorship owned or professional practice operated by you or your spouse and the nature of the business.

Name of your business	Nature of business
Not Applicable	
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*)?

☐ Yes ☐ No

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 no information to report in this section, put an "X" in this box*) ☒

List any partnership in which you or your spouse is a member and the nature of the partnership business.

Name of partnership	Nature of partnership
Not Applicable	
Name of spouse's partnership	Nature of spouse's partnership

PART 6 - OFFICER OR DIRECTOR OF CORPORATION (*If you have no information to report in this section, put an "X" in this box*) ☐

List the name of any corporation in which you or your spouse is a officer or director and the nature of the corporation's business. Churches need not be listed.

Name of corporation	Nature of business
Agency for Instructional Technology	Educational Products
Name of spouse's corporation	Nature of spouse's business

PART 7 - STOCKHOLDER OF CORPORATION (*If you have no information to report in this section, put an "X" in this box*) ☒

List the name of any corporation in which you, your spouse, or your unemancipated children own stock or stock options having a fair market value in excess of ten thousand dollars ($10,000). A time or demand deposit in a financial institution or insurance policy need not be listed.

Name of corporation	*yours*	*spouse's*	*children's*
Not Applicable			

PART 8 - MOST RECENT EMPLOYER (*If you have no information to report in this section, put an "X" in this box*) ☐

List the name and address of your most recent former employer.

Name of your most recent former employer	Address (*street, city, ZIP code*)
Rush County Schools	330 West Eighth Street, Rushville, IN 46173

PLEASE SIGN AFFIRMATION ON REVERSE SIDE

AFFIRMATION
I swear or affirm, under the penalty of perjury, that the facts as presented on this Financial Disclosure Statement are true, complete, and correct to the best of my knowledge and belief. I understand that I may file an amended statement upon discovery of additional information required to be reported. I acknowledge awareness of Indiana Code 4-2-6-8(d) under which a failure to file in a timely manner or filing a deficient statement is subject to a civil penalty at the rate of not more than ten dollars ($10) for each day the statement remains delinquent or deficient. The maximum penalty under this subsection is one thousand dollars ($1,000). I also acknowledge awareness of Indiana Code 4-2-6-8(e) under which a person who intentionally or knowingly files a false statement commits a class A infraction.

Personal signature	Date signed
Dr Sullen Reed	1-9-2004

Mail or deliver to the following address:

Indiana State Ethics Commission
402 West Washington Street, Room W189
Indianapolis IN 46204-2026
Telephone: (317) 232-3850