

LEGISLATOR'S FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2010

NOTE: Before completing this Disclosure Statement, please carefully read the enclosed instructions. If additional space is needed, please duplicate this form as necessary and staple all pages together. An original signature is required on page 4; a facsimile, photocopy or stamp signature is not acceptable. Questions should be directed to Legislative Counsel at (609) 292-4625. The completed disclosure form is due May 15, 2011 and should be sent to: Joint Legislative Committee on Ethical Standards, 2nd Floor, State House Annex, Room 210, PO Box 068, Trenton, New Jersey 08625-0068.

JON BRANNICK
PRINT NAME

CHECK APPROPRIATE HOUSE: Senate General Assembly

Provide the following information for yourself, your spouse and minor children (unless otherwise indicated) for calendar year 2010. Please note that a minor child is a child under the age of 18. For each entry, check the box of the appropriate recipient. When an amount is requested, use the following numerical code: 1=less than \$10,000; 2=\$10,000 - \$24,999.99; 3=\$25,000 - \$49,999.99; 4=\$50,000 or more.

I. **EARNED INCOME:** List the name, address and amount for each source of earned income. (Earned income includes salaries, bonuses, royalties, commissions, profit sharing and fees.)

	Name of Employer	Address of Employer	Circle Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	<u>Brannick Rodriguez, Et Al</u>	<u>1831 Second St. Scotch Plains</u>	1	2	3	<u>4</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<u>Kean University</u>	<u>Union NJ</u>	1	<u>2</u>	3	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	<u>State of NJ</u>	<u>Trenton NJ</u>	1	2	<u>3</u>	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	_____	_____	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. **UNEARNED INCOME:** List the name, address and amount for each source of unearned income. (Unearned income includes rents, dividends and income from investments, trusts and estates.)

A. RENTS

	Property Address	Tenant Name	Circle Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	<u>1838 E. SECOND ST SCOTCH PLAINS</u>	<u>BRANNICK RODRIGUEZ ETAL</u>	1	2	<u>3</u>	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	_____	_____	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	_____	_____	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	_____	_____	1	2	3	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OFFICE OF LEGISLATIVE SERVICES
MAY 11 P 1:50

When an amount is requested, use the following numerical code: 1=less than \$10,000; 2=\$10,000-\$24,999.99; 3=\$25,000-\$49,999.99; 4=\$50,000 or more.

B. DIVIDENDS

	Name	Address	Circle Amount Code	Self	Spouse	Child
1)	Charles Schwab	Westfield NJ	1 (2) 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	Managers Funds	Westfield NJ	(1) 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	E Trade	Westfield NJ	(1) 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	Sellans	Westfield NJ	(1) 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

C. INCOME from investments, trusts and estates (including capital gains).

	Name	Address	Circle Amount Code	Self	Spouse	Child
1)	A Brentano Trust	Indiana IL	(1) 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	Mary frances Brentano Trust	Westfield NJ	(1) 2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	E Trade	Westfield NJ	(1) 2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	Charles Schwab	Westfield NJ	1 (2) 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

III. HONORARIA and FEES: List the name, address, nature and amount for each source of honorarium or fee received by you or your spouse for personal appearances, speeches or writings.

	Name & Nature of Honorarium or Fee	Address	Circle Amount Code	Self	Spouse	Child
1)	None		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)			1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)			1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)			1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. REIMBURSEMENTS or PREPAID EXPENSES for TRAVEL, LODGING or SUBSISTENCE: List the name, address, nature and amount for each source of reimbursement or prepaid expense and circle whether the source is a profit (P), nonprofit (N), or governmental (G) entity.

	Name & Nature of Reimbursement or Prepaid Expense	Address	Circle Amount Code	Self	Spouse	Child	Circle P, N or G
1)	None		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
2)			1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
3)			1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
4)			1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G

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MAY 11 P 1:50

When an amount is requested, use the following numerical code: 1=less than \$10,000; 2=\$10,000-\$24,999.99; 3=\$25,000-\$49,999.99; 4=\$50,000 or more.

B. DIVIDENDS

	Name	Address	Circle Amount Code	Self	Spouse	Child
1)	A Brentano Trust	Indiana	2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	Mary Frances Brentano Trust	Westfield NJ	2 3 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)			1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)			1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. INCOME from investments, trusts and estates (including capital gains).

	Name	Address	Circle Amount Code	Self	Spouse	Child
1)	Two River Community Bank	Westfield NJ	2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	Valley National Bank	Westfield NJ	2 3 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)			3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)			1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. HONORARIA and FEES: List the name, address, nature and amount for each source of honorarium or fee received by you or your spouse for personal appearances, speeches or writings.

	Name & Nature of Honorarium or Fee	Address	Circle Amount Code	Self	Spouse
1)	None		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>
2)			1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>
3)			1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>
4)			1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>

IV. REIMBURSEMENTS or PREPAID EXPENSES for TRAVEL, LODGING or SUBSISTENCE: List the name, address, nature and amount for each source of reimbursement or prepaid expense and circle whether the source is a profit (P), nonprofit (N), or governmental (G) entity.

	Name & Nature of Reimbursement or Prepaid Expense	Address	Circle Amount Code	Self	Spouse	Child	Circle P, N or G
1)	None		1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
2)			1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
3)			1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G
4)			1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P N G

When an amount is requested, use the following numerical code: 1=less than \$10,000; 2=\$10,000-\$24,999.99; 3=\$25,000-\$49,999.99; 4=\$50,000 or more.

V. GIFTS: List the name, address, nature and amount for each source of gift to you, your spouse or minor child from a named donor connected to the legislative process.

	Name & Nature of Gift	Address	Circle Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	None		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VI. LIABILITIES: List the name and address of each creditor for you or your spouse and the nature and amount of each liability except for liabilities which are: (a) less than \$15,000 and owed to a relative; (b) less than \$3,000 and owed to any other person; (c) loans secured by a personal motor vehicle or household furniture or appliances; or (d) revolving charge accounts.

	Name & Nature of Liability	Address	Circle Amount Code				Self	Spouse
			1	2	3	4		
1)	PNC Home	Westfield NJ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2)	Two River Community Bank Home	WESTFIELD NJ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VII. FORGIVEN LIABILITIES: List the name and address of each former creditor for you or your spouse and the nature and amount of each forgiven liability which would have been required to be reported pursuant to VI above had it not been forgiven.

	Name & Nature of Forgiven Liability	Address	Circle Amount Code				Self	Spouse
			1	2	3	4		
1)	None		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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 P 1:50

VIII. BUSINESS ORGANIZATIONS: List the name and address of all business organizations in which you or your spouse held an interest.

Name	Address	Self	Spouse
1) <u>Bramnick, Rodriguez Et Al</u>	<u>Scotch Plains, NJ</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>Bentano Real Estate LLC</u>	<u>Scotch Plains, NJ</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

IX. OFFICES, TRUSTEESHIPS, OR DIRECTORSHIPS: List the title of each position held by you or your spouse in any firm, corporation, association, partnership or business and the name and address of the entity in which the position was held.

Position Held	Name & Address of Entity	Self	Spouse
1) <u>General Partner</u>	<u>Bramnick, Rodriguez Et Al</u> <u>1837 East 2nd Street</u> <u>Scotch Plains, NJ</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

HOUSE OF REPRESENTATIVES
 LEGISLATIVE SERVICES
 150

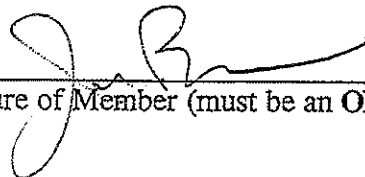
X. REAL ESTATE: Provide the address and a brief description for all real property in New Jersey in which you, your spouse, or minor child held an interest.

Property Address	Description of Property	Self	Spouse	Child
1) <u>279 Watchung Fork, Westfield</u>	<u>Primary residence</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) <u>711 Clinton Ave. Apt. 6C Hoboken</u>	<u>Investment</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) <u>1838 East Second St. Scotch Plains</u>	<u>Rental</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the above information is correct and complete to the best of my knowledge. In addition to this statement, you have a continuing obligation to report any termination or assumption of public employment of yourself or your spouse within 30 days, which report shall be an addendum to this statement.

5/6/11

Date



Signature of Member (must be an ORIGINAL signature, not a facsimile, stamp or photocopy)



THE GENERAL ASSEMBLY
STATE OF NEW JERSEY

279 WATCHUNG FORK
WESTFIELD, NJ 07090

JON M. BRAMNICK
CONFERENCE LEADER
ASSEMBLYMAN, 21ST DISTRICT
ESSEX-MORRIS-SOMERSET-UNION COUNTIES
May 12, 2011

COMMITTEES:
LAW AND PUBLIC SAFETY
LEGISLATIVE SERVICES
BIPARTISAN LEADERSHIP
CO-CHAIR, ARV2011

Gabriel R. Neville, Esq.
Assistant Counsel
Joint Legislative Committee on Ethical Standards
State House Annex
P.O. Box 068
Trenton, NJ 08625-0068

RE: Assemblyman Jon M. Bramnick
2010 Financial Disclosure Statement

Dear Mr. Neville:

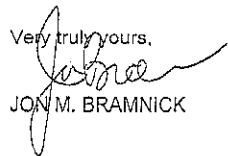
The Commerce and Industry Association of New Jersey paid a benefit on my behalf in the amount of \$75.58 for one dinner at the Bruce C. Siminoff Legislative One-on-One event on June 8, 2010.

Please be advised that I reimbursed Commerce and Industry Association of New Jersey the full amount of \$75.58 via check number 2662 on February 3, 2011.

I received a letter from Commerce and Industry Association of New Jersey dated April 20, 2011 advising receipt of said reimbursement check. CIANJ has amended their annual report to the State Election Law Enforcement Commission.

Kindly add the above benefit and reimbursement to my 2010 Financial Disclosure Statement.

Very truly yours,


JON M. BRAMNICK

JMB/mi
Enclosures
cc: Marci Levin Hochman, Ethics Counsel

CALENDAR YEAR 2010
BENEFIT PASSING - ALPHABETICAL BY RECIPIENT

DATE	RECIPIENT	BENEFIT TYPE	NAME AND ADDRESS OF PAYEE	PROVIDER	AMOUNT
8/13/2010	ADELMAN, CORT	F	FOUR HOUSE, WESTMONT, NJ	NJ HOSPITAL ASSN - AMENDMENT	42.17
10/18/2010	ALLEN, DIANE B	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	CHEMISTRY COUNCIL OF NJ	45.00
8/19/2010	AMODEO, JOHN F**	E	PHILLIES, PHILADELPHIA, PA	ATLANTIC CITY ELECTRIC - AMENDMENT	242.00
7/23/2010	ANGELINI, MARY PAT	F	MONMOUTH COUNTY PARK, OCEANPORT, NJ	DILWORTH PAXSON LLP	28.53
3/18/2010	AWAJOSI, RICHARD*	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	CHEMISTRY COUNCIL OF NJ	54.65
10/18/2010	BECK, JENNIFER	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	CHEMISTRY COUNCIL OF NJ	45.00
5/8/2010	BRAMNICK, JON M	F	SHERATON MEADOWLANDS, EAST RUTHERFORD, NJ	COMMERCE & INDUSTRY ASSN OF NJ - AMENDMENT	75.58
5/8/2010	BUCCO, ANTHONY R	F	SHERATON MEADOWLANDS, EAST RUTHERFORD, NJ	COMMERCE & INDUSTRY ASSN OF NJ - AMENDMENT	75.58
5/4/2010	BUONO, BARBARA*	F	GALLAGHERS STEAK HOUSE, NEWARK, NJ	PUBLIC SERVICE ENTERPRISE GROUP (PSEG/PSE&G POWER/PSEG SERVICE CORP) - AMENDMENT 03/03/2011	71.00
11/22/2010	BUONO, BARBARA*	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	CHEMISTRY COUNCIL OF NJ	65.00
3/18/2010	BURZICHELLI, JOHN J*	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	CHEMISTRY COUNCIL OF NJ	54.65
12/7/2010	CALDERONE, PETER*	F	EAST BRUNSWICK HILTON, EAST BRUNSWICK, NJ	NJ STATE AFL-CIO	35.00
6/8/2010	CARDINALE, GERALD	F	SHERATON MEADOWLANDS, EAST RUTHERFORD, NJ	COMMERCE & INDUSTRY ASSN OF NJ - AMENDMENT	75.58
3/18/2010	CARDSO, WILLIAM	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	CHEMISTRY COUNCIL OF NJ	54.65
7/23/2010	CASAGRANDE, CAROLINE	F	MONMOUTH COUNTY PARK, OCEANPORT, NJ	DILWORTH PAXSON LLP	28.53
6/8/2010	CHIVUKULA, UPENDRA J	F	SHERATON MEADOWLANDS, EAST RUTHERFORD, NJ	COMMERCE & INDUSTRY ASSN OF NJ - AMENDMENT	75.58
12/7/2010	CHIVUKULA, UPENDRA J	F	EAST BRUNSWICK HILTON, EAST BRUNSWICK, NJ	NJ STATE AFL-CIO	35.00
12/7/2010	COUGHLIN, CRAIG J	F	EAST BRUNSWICK HILTON, EAST BRUNSWICK, NJ	NJ STATE AFL-CIO	35.00

*Benefit was reimbursed by recipient. **Benefit was partially reimbursed by recipient.

E = Entertainment F = Food and Beverage G = Gifts H = Honoraria T = Travel L = Lodging O = Other

This summary data reflects the information as reported on the Annual Lobbying reports covering calendar year 2010, received as of 5:00 p.m. on March 2, 2011.

BRANNICK FOR ASSEMBLY

2662

04-12-2011

DATE 4-27-2011

PAY TO THE ORDER OF Commerce and Industry Assoc. of New Jersey \$75.58
Seventy five and 58/100 DOLLARS

Valley National Bank

FOR CASH ON HAND ON 4-27-2011

[Signature]

PAY TO THE ORDER OF
FEDERAL RESERVE BANK
MEMPHIS, TN 37520-2000
BY DEPOSIT ONLY
COMMERCIAL AND INDUSTRIAL
ASSOCIATION, INC.
MEMPHIS, TN 37520-2000

BRANNICK FOR ASSEMBLY

Check# 2662, Amount: \$75.58, Date: 4/27

NOTE: The member has authorized counsel to redact the bank routing number and account number.

Gabriel Neville
Assistant Counsel



Commerce and Industry Association of New Jersey

Headquarters: South 61 Paramus Road • Mack-Cali Centre IV • Paramus, New Jersey 07652
Tel: 201-368-2100 • Fax: 201-368-3438 • www.cianj.org

Trenton Office: 222 West State Street • Suite 212 • Trenton, NJ 08608 • Tel: 609-695-6900

April 20, 2011

Assemblyman Jon Bramnick
279 Watchung Fork
Westfield, N.J. 07090

Dear Assemblyman Bramnick,

We recently received a \$75.58 check from the Bramnick for Assembly account to reimburse our association for one dinner at our Bruce C. Siminoff Legislative One-on-One event held on June 6, 2010. Please be assured that we have amended our annual report to the state Election Law Enforcement Commission to reflect your reimbursement. We look forward to seeing you at this year's dinner on June 1 at Nanina's-in-the-Park.

Sincerely,

A handwritten signature in cursive script that reads "Diane Walsh".

Diane Walsh
Vice President Gov't Affairs
and Communications

New Jersey's business advocate for over 83 years