

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	Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	Charles Schwab	Orlando Fl	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	Managers Funds	Westfield, NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	Seelaus and Co	Westfield, NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	Janney Montgomery	Westfield, NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

	Name	Address	Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	A Brentano Trust	Evansville, Indiana	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	Mary Frances Brentano Trust	Evansville, Indiana	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	Charles Schwab	Orlando, Fl	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	Two River Bank	Westfield, NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

See page 2B of 4 for Additional Unearned Income (INCOME from investments, trusts and estates (including capital gains))

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	Amount Code				Self	Spouse
			1	2	3	4		
1)	_____	_____	<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"/>	

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 indicate whether source is a profit (P), nonprofit (N), or governmental (G) entity.

	Name & Nature of Reimbursement or Prepaid Expense	Address	Amount Code				Self	Spouse	Child	Check Source		
			1	2	3	4				P	N	G
1)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL UNEARNED INCOME
(INCOME from investments, trusts and estates (including capital gains))

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.

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

	Name	Address	Amount Code				Self	Spouse	Child
			1	2	3	4			
5)	Valley National Bank	Wayne, NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6)	Wells Fargo Bank	Charlotte, NC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Amount Code				Self	Spouse	Child
			1	2	3	4			
1)	_____	_____	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
3)	_____	_____	<input type="checkbox"/>	<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"/>	<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	Amount Code				Self	Spouse
			1	2	3	4		
1)	PNC Bank-Mortgage Residence	Pittsburgh PA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2)	US Bank-Mortgage Residence	Westfield, NJ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>
4)	_____	_____	<input type="checkbox"/>	<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	Amount Code				Self	Spouse
			1	2	3	4		
1)	_____	_____	<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"/>

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)	Bramnick, Rodriquez etal, LLC	1838 Second St Scotch Plains NJ	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	Brentano Real Estate, LLC	1838 Second St, Scotch Plains, NJ	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3)	Abby Realty, LLC	1831 Second St, Scotch Plains, NJ	<input checked="" 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)	Partner/Member	Bramnick Rodriquez etal, LLC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	Partner/Member	Brentano Real Estate, LLC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3)	Member	Abby Realty, LLC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)			<input type="checkbox"/>	<input type="checkbox"/>

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)	279 Watchung Fork, Westfield, NJ	Principal Residence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2)	1831 Second St, ScotchPlains, NJ	Rental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3)	1838 Second St, Scotch Plains NJ	Rental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4)	711 Clinton St, Hoboken, NJ	Residence	<input checked="" 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.

5/4/12
Date


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



NEW JERSEY GENERAL ASSEMBLY
JON BRAMNICK
ASSEMBLY REPUBLICAN LEADER

CHAIRMAN
ASSEMBLY REPUBLICAN VICTORY

279 WATCHUNG FORK
WESTFIELD, NEW JERSEY 07090

May 2, 2012

Albert Porroni, Esq.
Joint Committee on Ethical Standards
State House Annex
PO Box 068
Trenton, NJ 08625-0068

Dear Mr. Porroni,

Please be advised that I reimbursed the Chemistry Council of NJ the full amount of \$58.00 for a benefit dinner that was held on May 23, 2011.

Attached is a copy of the letter sent to Ed Waters of the Chemistry Council on March 29, 2012 with enclosed check number 2916 for \$58.00.

Kindly add the above reimbursement to my 2011 Financial Disclosure Statement. I appreciate your assistance with this matter.

Sincerely,

Jon M. Bramnick
Assemblyman

MAY 7 10 11 AM '12

OFFICE OF
LEGISLATIVE
SERVICES

Encl.

CALENDAR YEAR 2011

May 7 10 11 AM '12

BENEFIT PASSING - ALPHABETICAL BY RECIPIENT

OFFICE OF
LEGISLATIVE
SERVICES

DATE	RECIPIENT	BENEFIT TYPE	NAME AND ADDRESS OF PAYEE	PROVIDER	AMOUNT
9/13/2011	ANDREW HENDRY, EXECUTIVE DIRECTOR - SENATE MAJORITY OFFICE*	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	CHEMISTRY COUNCIL OF NJ - AMENDMENT	44.94
5/23/2011	ASSEMBLYMAN ALEX DECROCE*	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	CHEMISTRY COUNCIL OF NJ - AMENDMENT	58.00
12/6/2011	ASSEMBLYMAN DANIEL R. BENSON	F	EAST BRUNSWICK HILTON, EAST BRUNSWICK, NJ	NJ STATE AFL-CIO	35.00
5/23/2011	ASSEMBLYMAN DECLAN J. O'SCANLON, JR.*	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	CHEMISTRY COUNCIL OF NJ - AMENDMENT	58.00
4/29/2011	ASSEMBLYMAN JOHN DIMAIO	F	EAST BRUNSWICK HILTON, EAST BRUNSWICK, NJ	NJ RIGHT TO LIFE	110.00
1/28/2011	ASSEMBLYMAN JOHN F. AMODEO*	F	DUBLINER, INC., WASHINGTON, DC	ALTRIA CLIENT SERVICES INC & ITS AFFILIATES - AMENDMENT	23.17
10/13/2011	ASSEMBLYMAN JOHN J. BURZICHELLI*	F	NINO GERVAISI, PAULSBORO, NJ	CHEMISTRY COUNCIL OF NJ - AMENDMENT	38.87
12/6/2011	ASSEMBLYMAN JOHN S. WISNIEWSKI*	F	EAST BRUNSWICK HILTON, EAST BRUNSWICK, NJ	NJ STATE AFL-CIO	35.00
5/23/2011	ASSEMBLYMAN JON M. BRAMNICK* ←	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	CHEMISTRY COUNCIL OF NJ - AMENDMENT	58.00
12/6/2011	ASSEMBLYMAN PATRICK J. DIEGNAN JR.*	F	EAST BRUNSWICK HILTON, EAST BRUNSWICK, NJ	NJ STATE AFL-CIO	35.00
9/23/2011	ASSEMBLYMAN UPENDRA J. CHIVUKULA*	T	ELIZABETHTOWN GAS, BERKELEY HEIGHTS, NJ	ELIZABETHTOWN GAS	65.00
12/6/2011	ASSEMBLYMAN UPENDRA J. CHIVUKULA*	F	EAST BRUNSWICK HILTON, EAST BRUNSWICK, NJ	NJ STATE AFL-CIO	35.00
10/13/2011	ASSEMBLYWOMAN CELESTE M. RILEY*	F	NINO GERVAISI, PAULSBORO, NJ	CHEMISTRY COUNCIL OF NJ - AMENDMENT	38.87
12/6/2011	ASSEMBLYWOMAN CONNIE WAGNER	F	EAST BRUNSWICK HILTON, EAST BRUNSWICK, NJ	NJ STATE AFL-CIO	35.00
9/7/2011	ASSEMBLYWOMAN SHEILA Y. OLIVER	F	CHARLESTON GRILL, CHARLESTON, SC	COVANTA ENERGY CORP - AMENDMENT	53.74
9/20/2011	DAVID JENKINS, CHIEF OF STAFF FOR ASSEMBLYMAN CRYAN*	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	CHEMISTRY COUNCIL OF NJ - AMENDMENT	58.07
9/13/2011	GENE LEPORE, SR. RESEARCH ASSOCIATE - SENATE MAJORITY OFFICE*	F	OLDE YORK COUNTRY CLUB, CHESTERFIELD, NJ	CHEMISTRY COUNCIL OF NJ - AMENDMENT	44.94
5/17/2011	GEORGE LEBLANC - STAFF, SENATE DEMOCRATIC OFFICE	B	NEW JERSEY PRESS FOUNDATION, WEST TRENTON, NJ	KATZ GOVT AFFAIRS LLC	139.00

*Benefit was 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 2011, received as of 5:00 p.m. on March 1, 2012.



NEW JERSEY GENERAL ASSEMBLY
JON BRAMNICK
ASSEMBLY REPUBLICAN LEADER

279 WATCHUNG FORK
WESTFIELD, NEW JERSEY 07090

CHAIRMAN
ASSEMBLY REPUBLICAN VICTORY

March 29, 2012

Mr. Edward Waters
Chemistry Council of New Jersey
150 West State Street
Trenton, NJ 08608

RE: Bramnick for Assembly – Reimbursement

Dear Mr. Waters:

Please find enclosed check number 2916 in the amount of \$58.00 as reimbursement for dinner on May 23, 2011.

Very truly yours,

JON M. BRAMNICK

JMB/ml
Enclosure

10 11 29 AM
10 11 29 AM
10 11 29 AM
10 11 29 AM
10 11 29 AM



NEW JERSEY GENERAL ASSEMBLY

JON M. BRAMNICK
ASSEMBLY MINORITY LEADER

DISTRICT 21
MORRIS, SOMERSET AND
UNION COUNTIES

May 29, 2012

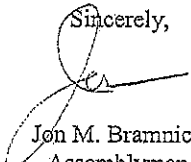
Albert Porroni, Esq.
Joint Committee on Ethical Standards
State House Annex
PO Box 068
Trenton, NJ 08625-0068

Dear Mr. Porroni,

I am seeking to amend my financial disclosure statement for 2011 to include the income my wife, Patricia Brentano Bramnick, earns as a self-employed artist. Patricia's income falls under earning category 1 in the Earned Income section of the financial disclosure statement.

Please attach this information as an amendment to my original disclosure for calendar year 2011. I appreciate your assistance with this matter.

Sincerely,



Jon M. Bramnick
Assemblyman

c. Marci Hochman, Esq.

251 NORTH AVENUE W., 2ND FLOOR
WESTFIELD, NJ 07090
TEL: (908) 232-2073
FAX: (908) 232-2741
asmbramnick@njleg.org

Porrone, Albert

From: Bramnick, Asm. D.O.
Sent: Thursday, May 31, 2012 7:04 PM
To: Porrone, Albert
Cc: Hochman, Marci Levin; Wynne, Andrew
Subject: Amendment for Assemblyman Bramnick's 2011 Personal Financial Disclosure
Attachments: 20120531185916906.pdf

Dear Mr. Porrone,

Please find attached a copy of a letter from Assemblyman Bramnick requesting an amendment to his 2011 personal financial disclosure. He is hoping to include the income his wife Patricia Brentano Bramnick earned in 2011 as a self-employed artist. I mailed the letter today signed by Assemblyman Bramnick. I appreciate your assistance with this amendment.

Thank you very much,
-Ben DeMarzo

-
Ben DeMarzo
Chief of Staff
Assemblyman Jon M. Bramnick
251 North Ave W., 2nd Floor
Westfield, NJ 07090
(908) 232-2073