



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2011 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2011 through December 31, 2011

Please file this statement with the <u>Clerk of the House</u> or <u>Secretary of the Senate</u> by 5:00 p.m. on February 15, 2012. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

	LEGISLATOR INFORMATION						
Name Joseph Bran Mailing address Mailing address City, zip code Portland	Office: House 12 Senate District Phone 726647						
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER							
List the name and address of each private or public employer, including the Legislature and any agency or subdivision of the State, from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.							
None							
Name of Employer	Address	Principal Type of Economic Activity of Employer					
Main-ST SenaTe	Augustis	2					
PART 2. INCOME DER	RIVED FROM SELF-EMPLOYMENT	OR LAW PRACTICE					
A. List the name and address of your business or law firm, if any, and list the major areas of economic activity or practice from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity or practice of that entity.							
None							
Name and Address of Business Entity or Law	Firm Major Areas of Economic Law Practice (self)						
Name: Address:							
Name: Address:		PPO-CECTOR PER 1 конство по водинения в подости					

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PART 2 (continued). INCOME DE	RIVED FROM SELF-EMPLOY	MENT .
B. List each source of income derived from self-employment or last \$1,000, whichever is greater, and specify the principal type of econocome. If this form of disclosure is prohibited by law, rule, or an estimate economic activity of the entity or person from whom the income was	onomic activity of the entity or place tablished code of professional eth	erson from whom you derived such
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		
Address:		TO THE PROPERTY OF THE PROPERT
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Address:		
PART 3. OTHER SC	DURCES OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or box.	2 of this form. Do not include gifts	or honoraria. If none, check the
None	March Ball Concession And Contest and Cont	MARKATERIA (INTERPENENTALIA) MIRITA MARKATERIA (INTERPENENTALIA) MARKATERIA
Name and Address of Source	ng kalapapanang (, () () () () () () () () () () () () ()	Kind of Income (investments, leases, etc.)
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Address: 11 A Ach PK Dort	moth H. Co.T.	,,,,,
PART 4. REPORT	ABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or nareas of economic activity of each creditor. Do not list credit card lial regulated financial institutions. If none, check the box.		
None	uudaka (kiilimin) ühemirkin olumin (kiin) ka ili ili kaalista (kiin ori ri ziisiste) kiin kin kin kiin saata (AND CHAIN COLON-LOND AND AND AND AND AND AND AND AND AND A
Name and Address of Creditor	that has easied a chair that are the Proceedings of the action and proceding the action to the action and action and the action and action and action action and action ac	Principal Type of Economic Activity of Creditor
Name:	HISTORY MANAGEMENT (MASSAL SACRALLY AND	American en
Address:		
Name:	менный технов 2000 годиналический от	. - The second
Address:		
PART 5. GIFTS, INCLUDING TR	AVEL AND ACCOMMODATION	DNS
List the specific source of gifts received during the reporting period wi	th an aggregate value of more tha	n \$300. If none, check the box.
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Name of Source of Gift	$\lambda^{\frac{1}{2}}_{2}$ which is a substitute of the contract of th	Source of Gift
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	PART 6. HONORARIA	
List the source of any honoraria accepted for appearance	es or speeches. If none, check the box.	Ekkinde ekkindir. All ville (1804) (ka. 1942) kan krandi (kan 1944) kan
Name of Source of Honoraria		ource of Honoraria
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l.	3.	
	4.	rengunserengsengte og vidstattiskers hetterskaderstarrete filologiskerskatiskers i hater skalskalskerskerskatisk
PART 7. REPRES	SENTATION BEFORE STATE AGENCIE	s ,
List each executive branch agency before which you repox.	presented or assisted others for compensatio	n of any amount. If none, check the
None		
Name of Agency	Name	e of Agency
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2.	4.	a to the street of the street
None Name of Agency 1.	Name	
i.	3.	
	4.	от о
PART 9. INCOME RECE List the type of economic activity representing each sou dependent child(ren) during the reporting period and the of \$1,000 or more, list his or her name and job title. List on the include gifts.	kind of income represented. If your spouse	your spouse or domestic partner or or domestic partner received income
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income
dame: Claire Brannisan ob Title: Site Visitor	1. <u>Heath Care RW</u> 2	1. Employment 2 3
Dependent Child(ren) - Job Titles Only		
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held any office, tru	or nonprofit corporation, firm, associateship, directorship, or position compensated. If a family member is	of any nature. Indicate whet	ther you or a family i	member held the pos	sition and whether
None	ASYCCIALESPECTORS AND CONTROL PROCESSAGE AND	[Millingstande-Selendum-printer/Selen-Auderholiti's ent-american-assistance (and Saver-transmission)	10000000000000000000000000000000000000	werenmenteleistäteleisteleistäteleistäteleistäteleistäteleistätäteleistätäteleistätäteleistätäteleistätäteleis	124 CLUSSEE ACESATOROY NONECA EEPARODA CEBRORILANDAN PROMISSION CONTRACTOR CO
	Organization/Business and Address		Position Held By:	Family Member's Name	Compensated?
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		SIGNATURE			
	Signature			Date	
		ADDITIONAL INFORMA	TION		
	any additional information below ou are providing. Use addition		ts if needed). Ind	icate the part or se	ection number for
Part/Section Number					
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PART 10. OFFICER OR DIRECTOR POSITIONS