

FINANCIAL INTEREST

FOR OFFICE USE ONLY:

COMMISSION ON ETHICS  
DATE RECEIVED

JUN 28 2013



\*\*\*\*\*AUTO\*\*MIXED AADC 323 T8 P1 69

Hon Oscar James Braynon II  
State Senator, 36th District  
Senate  
Elected Constitutional Officer  
Apt 311  
21421 Nw 13th Ct  
Miami Gardens, FL 33169-7405

PROCESSED

ID Code



ID No 84590

Conf. Code

P. Req. Code \*\*\*\*\*

Braynon II, Oscar James

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2012, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December 31, 2012 was \$ 83,130

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 10,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Townhouse, Miami Gardens, (Primary Resident)	308,000
Honda Prelude 1998	2,810
Lexus RX 300 2007	16,600
OTB2 Consultant	4,000

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Callie Mae (Student loan) PO Box 9555 Wilkes Barre PA 18773	2880
Bank of America (Home loan) PO Box 5170 Simi Valley CA 93062	252,700
SO FL Education Fed Credit Union (Car loan) 1498 NE Avenue MIAMI FL 33123	3400

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NONE	

**PART D -- INCOME**

You may **EITHER** (1) file a complete copy of your 2012 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2012 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2012 tax return, you need not complete the remainder of Part D.]

**PRIMARY SOURCES OF INCOME** (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Pittman Law Group	1028 E Park Ave, Tallahassee, FL 32301	12,000
State of FL Senate	404 S Monroe Street, Tallahassee FL 32319	29,697
OJB2 Consultant	21421 NW 13th #311, Mia. Gardens, FL 33169	16,000
LSN Partners	801 Arthur Godfrey Rd #401 N.B, FL 33140	10,000

**SECONDARY SOURCES OF INCOME** [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
OJB2 Consultants	LSN Partners	801 Arthur Godfrey Rd #401 Miami Beach FL 33140	Consulting

**PART E -- INTERESTS IN SPECIFIED BUSINESSES** [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A	N/A	N/A
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**OATH**

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA  
 COUNTY OF Miami Dade

Sworn to (or affirmed) and subscribed before me this 26 day of

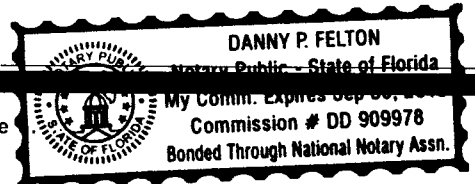
JUNE, 2013 by OSCAR BRAYNON

(Signature of Notary Public--State of Florida)

Danny P. Felton  
 (Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known  OR Produced Identification

Type of Identification Produced



FILING INSTRUCTIONS for when and where to file this form are located at the top of page 6. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3. OTHER FORMS you may need to file are described on page 6.