

United States Senate
 Financial Disclosures

00000012491

**UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT
 FOR NEW EMPLOYEE AND CANDIDATE FILERS**

<input type="checkbox"/> Amendment				
Last Name		First Name and Middle Initial		New Employee Report
Brannon		Gregory J.		Date of Employment (mm/dd/yy)
Senate / Candidate Office Address (Number, Street, City, State, and ZIP)		Senate / Candidate Office Telephone No.		Senate Office / Agency in Which Employed
P.O. Box 10853 Raleigh, NC 27605		919-890-0955		Candidate Report
				Commencement of Candidacy (mm/dd/yy)
				State in which you are a candidate
				Candidate Reporting Period
				02/01/2013
				NC

AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART

	YES	NO		YES	NO
Did you or your spouse have earned income (e.g., salaries or fees) or non-investment income of more than \$200 from any reportable source in the reporting period? If Yes, complete and attach PART II.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you hold any reportable positions during the reporting period? If Yes, complete and attach PART VIII.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child hold any reportable asset worth more than \$1,000 at the end of the period or receive unearned or investment income of more than \$200 in the reporting period? If Yes, complete and attach PART IIIA and/or IIIB.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you have any reportable agreement or arrangement with an outside entity on the filing date? If Yes, complete and attach PART IX.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child have any reportable liability (more than \$10,000) during the reporting period? If Yes, complete and attach PART VII.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you receive compensation of more than \$5,000 from a single source in the two prior years? If Yes, complete and attach PART X.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Each question must be answered and the appropriate PART attached for each "YES" response.

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Report the source (name and address), type, and amount of earned income to you from any source aggregating \$200 or more during the reporting period. For your spouse, report the source (name and address) and type of earned income which aggregate \$1,000 or more during the reporting period. No amount needs to be specified for your spouse. (See p.3, CONTENTS OF REPORTS, Part B of Instructions.) Do not report income from employment by the U.S. Government for you or your spouse.

Individuals not covered by the Honoraria Ban:
For you and /or your spouse, report honoraria income received which aggregates \$200 or more by exact amount, give the date of, and describe the activity (speech, appearance or article) generating such honoraria payment. Do not include payments in lieu of honoraria reported on Part I.

Name of Income Source	Address (City, State)	Type of Income	Amount
Example: JP Computers	Wash., DC	Salary	\$15,000
MCI (Spouse)	Arlington, VA	Salary	Over \$1,000
1 Brannon OB/GYN PA	Cary, NC	2012 Salary	\$536,796
2 Brannon OB/GYN PA	Cary, NC	2013 Salary	\$492,424
3 Medi-Weight	Cary, NC	2012 Salary	\$ 89,500
4 Medi-Weight	Cary, NC	2013 Salary	\$ 46,500
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PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources		BLOCK B Valuation of Assets										BLOCK C Type and Amount of Income																				
		At the close of reporting period. If None, or less than \$1,001, check the first column.										Type of Income						Amount of Income														
		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$20)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000
S	IBM Corp. (stock)			X								X									Example	X										Example
DC or J	(S) Keystone Fund				X													X			Example	X										Example
1	None																															
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EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

PART III.B. NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

BLOCK A Identity of Non-Publicly Traded Assets and Unearned Income Sources		BLOCK B Valuation of Assets At the close of reporting period. If None, or less than \$1,001, check the first column.										BLOCK C Type and Amount of Income																						
												Type of Income							Amount of Income							Actual Amount Required if "Other" Specified								
Report the name, address (city, state and description) of each interest held by you, your spouse, or your dependent child (See p.3, CONTENTS OF REPORTS, Part B of Instructions) for the production of income or investment in a non-public trade or business which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include the above report for each underlying asset, which is not incidental to the trade or business. Publicly traded assets held by non-public entity may be listed on Part IIIA.		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500		\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000
		Example: S, JP Computer, Software Design, Wash DC						X								X																		
or J Undeveloped land, Dubuque, Iowa						X								X																				Example
1	Brannon OB/GYN PA	X																																
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PART VII. LIABILITIES

Report liabilities over \$10,000 owed by you, your spouse, or dependent child (See p.3, CONTENTS OF REPORTS, Part B of Instructions), to any one creditor at any time during the reporting period. Check the highest amount owed during the reporting period. Exclude: (1) mortgages on your personal residences unless rented (except for Senators); (2) loans secured by automobiles, household furniture or appliances; and (3) liabilities owed to certain relatives listed in Instructions. See Instructions for reporting revolving charge accounts.

Name of Creditor	Address	Type of Liability	Date Incurred	Interest Rate	Discount Points Paid for Mortgage (Senators Only)	Term if Applicable	Category of Amount of Value (x)														
							\$10,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000				
Example: S. DC, or J	First District Bank	Wash., DC	Mortgage on undeveloped land	1992	13%	1 pt	25 yrs		X												
	(J) John Jones	Wash., DC	Promissory Note	2000	10%	n/a	On dmd			X											
1	Fifth Third Bank		2nd Mortgage																		
2	Suntrust Bank		2nd Mortgage																		
3	Nationstar Bank		Mortgage		2.875														X		
4	Chase Bank		Mortgage		3.0										X						
5	Ally Financial		Auto Loan																		
6	Wells Fargo		Auto Loan																		
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EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.
 *** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT

Report any positions held by you during the applicable reporting period whether compensated or not. Positions include, but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Both the year and month must be reported for the period of time that the position was held.

Exclude: Positions with federal government, religious, social, fraternal, or political entities, and those solely of an honorary nature.

Name of Organization		Address (City, State)	Type of Organization	Position Held	From (Mo/Yr)	To (Mo/Yr)
Example:	National Assn. of Rock Collectors	NY,NY EXAMPLE	Non-profit education	President	6/91	Present
	Jones & Smith	Hometown, USA EXAMPLE	Law Firm	Partner	7/96	11/1X
1	Brannon OB/GYN PA	Cary, NC	Medical Practice	President	1997	Present
2	Hand of Hope	Fuquay Varina, NC	Pregnancy Support Group	Board of Director	2006	Present
3	Triangle Wellness	Cary, NC	Health Support	Medical Director	2012	Present
4	Gateway Pregnancy	Raleigh, NC	Pregnancy Support	Medical Director	2011	Present
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Compensation in excess of \$200 from any position must be reported in Part II.

PART X. COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

FIRST TIME FILERS ONLY: (Except Candidate Reports - All Candidate Reports Must Include Part X If Applicable)

Report sources of compensation received by you or your business affiliation for services provided directly by you during the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any non-profit organization when you directly provided the services to the clients and/or customers of the firm that generated a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.

Name of Source		Address of Source	Brief Description of Duties
Example:	Jones & Smith	Hometown, TX	Legal Services EXAMPLE
	Metro University (client of Jones & Smith)	Moneytown, USA	Legal Services in connection with university construction EXAMPLE
1	Brannon OB/GYN PA	Cary, NC	Obstetrics and Gynecology
2	Medi-Weight	Cary, NC	Medical Services
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