

**SHARON L. HARRINGTON
SUPERVISOR OF ELECTIONS
LEE COUNTY – FLORIDA**

<p><u>PHYSICAL ADDRESS</u> LEE COUNTY CONSTITUTIONAL COMPLEX 2480 THOMPSON STREET 3RD FLOOR FORT MYERS FL 33901</p>	<p><u>MAILING ADDRESS</u> please send all correspondence to this address P O BOX 2545 FORT MYERS FL 33902-2545</p>
<p>MAIN OFFICE 239 LEE VOTE 239-533-8683</p>	<p>FAX 239-533-6310 WEBSITE www.leeelections.com</p>

QUALIFICATION CONFIRMATION

CANDIDATE	ROBERT J. BRANNING		
	LEE COUNTY COURT JUDGE GROUP 3		
DATE ISSUED	ALL FORMS SUBMITTED	FILING FEE PAID (check one)	RECEIVED BY
04-28-10	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> YES <input type="checkbox"/> PETITION METHOD <input type="checkbox"/> N/A(WRITE-IN)	BERNIE FELICIANO QUALIFYING OFFICER

This office is in receipt of all required candidate-qualifying forms, filing fee (if any) and/or candidate petition signatures required in order to qualify for the office you seek. If you have received a qualification confirmation from this office your candidate-qualifying process is complete.

Questions or concerns regarding candidate-qualifying can be addressed by contacting me at 239-533-6304.

Bernie Feliciano

Bernie Feliciano
Qualifying Officer

JUDICIAL OFFICE LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

OFFICE USE ONLY

STATE OF FLORIDA

COUNTY OF Lee

I,	Robert	J.	Branning
	First Name	Middle Name/Initial	Last Name

a citizen of the State of Florida and of the United States of America, and being [a candidate for public office] do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Important: If elected, a candidate must retake the loyalty oath as specified in s. 876.05, Florida Statutes, and that oath shall be filed with the records of the governing official or employing governmental agency prior to the approval of payment of salary, expenses, or other compensation.

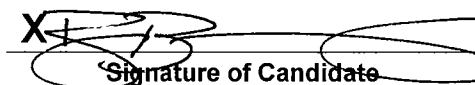
OATH OF CANDIDATE

(Section 105.031, Florida Statutes)

I, Robert J. Branning
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the judicial office of County Court Judge, 20th,
(office) (district) (circuit)
3; my legal residence is Lee County, Florida; I am a qualified elector
(group)

of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the Constitution and the Laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; by executing this form, I have taken the oath required by ss. 876.05 – 876.10, Florida Statutes; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office which I am required to resign pursuant to Section 99.012, Florida Statutes.

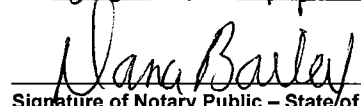
	(239) 246-6459	rbranning@yahoo.com
Signature of Candidate	Telephone Number	Email Address
1411 Bayview Court	Fort Myers	FL 33901
Address	City	State ZIP Code

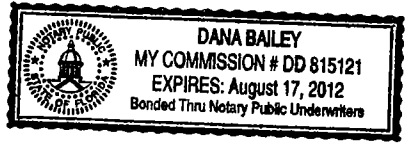
Sworn to (or affirmed) and subscribed before me this 28 day of April, 2010.

Personally Known: _____ or

Produced Identification: FLDL

Type of Identification Produced:
Florida Drivers License


 Signature of Notary Public – State of Florida
 Print, Type, or Stamp Commissioned Name of Notary Public



FORM 6 FULL AND PUBLIC DISCLOSURE OF 2009

Please print or type your name, mailing address, agency name, and position below:

FINANCIAL INTEREST

LAST NAME — FIRST NAME — MIDDLE NAME:

BRANNING Robert Joseph

MAILING ADDRESS:

1411 Bayview Court

CITY: ZIP: COUNTY:

Fort Myers 33901 Lee

NAME OF AGENCY:

Lee County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County court judge - Group 3

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2009, 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 *April 28th*, 20 *10* was \$ *229,677*.

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 \$ *150,000* **(EJB)**

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
<i>Single family home (Ft. Myers)</i>	<i>550,000</i>
<i>Single family home (N. Ft. Myers) sale pending</i>	<i>254,000</i>
<i>IRA (Transamerica)</i>	<i>49,647</i>
<i>Vehicles</i>	<i>42,590</i>
<i>Personal checking</i>	<i>16,941</i>

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<i>Bank of Central FL mortgage</i>	<i>403,943</i>
<i>Bank of America mortgage</i>	<i>316,477</i>
<i>Bank of Central FL HELOC</i>	<i>77,339</i>
<i>Suntrust Bank auto loan (see Addendum) (EJB)</i>	<i>27,742</i>

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART C CONTINUED:

FL Gulf Bank Signature Loan:

\$5,500.00

American Express:

\$2,500.00 (paid off monthly)

PART D -- INCOME

You may EITHER (1) file a complete copy of your 2009 federal income tax return, including all 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 2009 federal income tax return. [If you check this box and attach a copy of your 2009 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

Table with 3 columns: NAME OF SOURCE OF INCOME EXCEEDING \$1,000, ADDRESS OF SOURCE OF INCOME, AMOUNT. Rows include Robert J. Branning, PA (48,000) and K-1 from PA (27,453).

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

Table with 4 columns: NAME OF BUSINESS ENTITY, NAME OF MAJOR SOURCES OF BUSINESS' INCOME, ADDRESS OF SOURCE, PRINCIPAL BUSINESS ACTIVITY OF SOURCE. Row includes Rehab & Branning, LLP, private clients, 1411 Bayview Ct, Ft Myers, Attorney firm.

PART E -- INTERESTS IN SPECIFIED BUSINESSES

Table with 4 columns: BUSINESS ENTITY # 1, BUSINESS ENTITY # 2, BUSINESS ENTITY # 3. Rows include details for Robert J. Branning, PA and Rehab & Branning, LLP.

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

OATH

STATE OF FLORIDA COUNTY OF LEE

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.

Sworn to (or affirmed) and subscribed before me this 28 day of

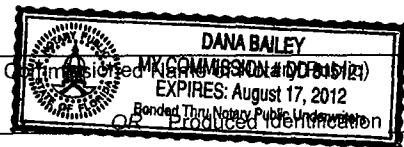
April, 2010 by Robert J. Branning

(Signature of Notary Public--State of Florida)

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or Stamp)

Personally Known



Type of Identification Produced Florida Driver's License

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3. 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.