

**FINANCIAL DISCLOSURE STATEMENT**

State Form 40076 (R13 / 1-17)

OFFICE OF THE INSPECTOR GENERAL

IC 4-2-6-8

FILED**MAR 13 2025**

For the calendar year

2024☐ **Check if this is an amendment to your current statement.**
INDIANA STATE ETHICS COMMISSION

Please read guidelines on page 4.

Name (last) Braun	Name (first) Michael	Name (middle) K
Spouse's name (last) Braun	Name (first) Maureen	Name (middle) B
Office address (number and street) 200 W Washington St., Room 206	City Indianapolis	ZIP code 46204
Office telephone number (317) 232-4567	Office e-mail address (required) gmkb52@gov.in.gov	

I am filing this statement as a: (please select one)		<input type="checkbox"/> Candidate for office	<input checked="" type="checkbox"/> Incumbent officeholder	<input type="checkbox"/> Appointing authority
		<input type="checkbox"/> Member of the INPRS	<input type="checkbox"/> Individual with final purchasing authority	
Office or agency Executive Branch	Job title Governor of Indiana			

EACH PART MUST BE ANSWERED. WORDS IN BOLD ITALICS ARE INCLUDED IN THE DEFINITIONS.

If you have information to report below, select YES. If no information, select NO. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PART 1 - GIFTS		
List the name and address of any person known to have a business relationship with the agency of the state officer or employee or the office sought by the candidate, and from whom the state officer, candidate, or the employee, or that individual's spouse or unemancipated children received a gift or gifts having a total fair market value in excess of one hundred dollars (\$100).		
Name (last)	Address (city)	ZIP code
Name (last)	Address (city)	ZIP code
Name (last)	Address (city)	ZIP code

If you have information to report below, select YES. If no information, select NO. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PART 2 - REAL PROPERTY INTERESTS	
List the location of all real property in which you, your spouse, or your unemancipated children have equitable or legal interest either amounting to five thousand dollars (\$5,000) or more or comprising ten percent (10%) of your net worth or the net worth of your spouse or your unemancipated children. You need not include your residence unless it also serves as income property.	
Property and its location Farm land, timber ground and farm house (Ziegler Farm), Jasper, IN	
Property and its location Rural farm ground, Jasper IN	
Property and its location Timber ground (B&R), French Lick, IN	
NOTE: See attached list for additional properties	

If you have information to report below, select YES. If no information, select NO. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PART 3 - NON-STATE EMPLOYERS	
List the name of your employer(s) and the employer(s) of your spouse and the nature of each employer's business.	
Your employer	Nature of business
Spouse's employer	Nature of business

If you have information to report below, select YES. If no information, select NO. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PART 4 - SOLE PROPRIETORSHIP OR PROFESSIONAL PRACTICE	
List any sole proprietorship owned or professional practice operated by you or your spouse and the nature of the business.	
Name of your business	Nature of business
Name of spouse's business Finishing Touches	Nature of spouse's business Home decor and various gifts
Do any clients for these businesses listed above have a business relationship with your agency (or in the case of a candidate, with the office sought)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List the name of any client or customer from whom you or your spouse received more than thirty-three percent (33%) of your (or your spouse's) non-state income in a year.	

If you have information to report below, select YES. If no information, select NO. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PART 5 - PARTNERSHIPS	
List any partnership in which you or your spouse is a member and the nature of the partnership business.	
Name of partnership Maple Land LLC (partnership for tax purposes)	Nature of partnership Farming/timber
Name of spouse's partnership	Nature of spouse's partnership

If you have information to report below, select YES. If no information, select NO. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PART 6 - OFFICER OR DIRECTOR OF CORPORATION	
List the name of any corporation in which you or your spouse is an officer or director and the nature of the corporation's business. Churches need not be listed.	
Name of corporation	Nature of business
Name of spouse's corporation	Nature of spouse's business

If you have information to report below, select YES. If no information, select NO. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
PART 7 - STOCKHOLDER OF CORPORATION			
List the name of any corporation in which you, your spouse, or your unemancipated children own stock or stock options having a fair market value in excess of ten thousand dollars (\$10,000). A time or demand deposit in a financial institution or insurance policy need not be listed.			
Name of corporation	Yours	Spouse's	Children's
German American Bancorp (GABC)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Name of corporation			
Freedom Bank	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Name of corporation			
Springs Valley Bank & Trust (see additional attached)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

If you have information to report below, select YES. If no information, select NO. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
PART 8 - MOST RECENT EMPLOYER			
List the name and address of your most recent former employer.			
Name of your most recent former employer	Street address (number and street)		
United States Senate	RM SH-127 Hart Office Bldg		
	City	State	ZIP code
	Washington	DC	20510

COMMENTS

Please place any comments in the fields below.

AFFIRMATION

I swear or affirm, under the penalty of perjury, that the facts as presented on this Financial Disclosure Statement are true, complete, and correct to the best of my knowledge and belief.

I understand that I may file an amended statement upon discovery of additional information required to be reported.

I acknowledge awareness of Indiana Code 4-2-6-8(d) under which a failure to file in a timely manner or filing a deficient statement is subject to a civil penalty at the rate of not more than ten dollars (\$10) for each day the statement remains delinquent or deficient. The maximum penalty under this subsection is one thousand dollars (\$1,000). I also acknowledge awareness of Indiana Code 4-2-6-8(e) under which a person who intentionally or knowingly files a false statement commits a class A infraction.

Personal signature

Michael Bram

Date signed (month, day, year)

3-12-25

Mail or deliver to the following address:

Office of the Inspector General
315 West Ohio Street, Room 104
Indianapolis IN 46202-3210
Telephone: (317) 232-3850

Financial Disclosure Statement (attachment)

Governor Michael K Braun
For the Calendar Year 2024

Part 2 - Real Property Interests (continued)

Property and location

Farm/timber ground (Maple Land - Cooper) Griffin, IN
Farm/timber ground (Maple Land - Hickory Ridge) Owensville, IN
Farm/timber ground (Maple Land - Dunn) Griffin, IN
Farm/timber ground (Maple Land - Diamond) Evansville/ Mt Vernon, IN
Farm/timber ground (Maple Land - Bosman) North of Griffin, IN
Timber ground - Jasper, IN
Retail Store Land & Building (Finishing Touches) Jasper, IN

Part 7 - Stockholder of Corporation (continued)

Name of Corporation

Meyer Distributing, Inc.
Meyer Logistics, Inc.

<u>Yours</u>	<u>Spouse</u>	<u>Children</u>
X		
X		