## OF EXPENSES RELATED TO ATTENDANCE AT AN EVENT SERVING A LEGITIMATE PUBLIC PURPOSE STATE ETHICS COMMISSION DISCLOSURE BY ELECTED PUBLIC EMPLOYEE

	41/ FEH 27 PM
Name of the total	ELECTED PUBLIC EMPLOYEE INFORMATION 2017 FEB 27 PH 4: 01
Name of elected public employee:	William N. BROWNSBERGER
Title/ Position	SENATOR
Office:	213A
Office address:	State HOUSE, ROOM 213A BOSTON, MA 02133
Office phone:	617-722-1280
Office E-mail:	William BROWNSBERGER & MASERAte.gov
Write an X to confirm each statement.	I am filing this disclosure because:  My attendance at an event will serve a legitimate public purpose, i.e., it will promote the interests of the Commonwealth, a county or a municipality; and  A non-public entity (but not a lobbyist) has offered to pay or waive expenses worth more than \$50 related to the event.
	EVENT ATTENDED
Describe the event that you will attend.	ACLU Foundation of Massachusetts welcome reception for new Legal Director
Describe your participation in the event.	6vest
Date, time and location of event.	February 27, 2012, 5:30-7:30 pm ACLY of MA 211 congress st. Boston
	EXPENSES RELATED TO INCIDENTAL HOSPITALITY
Identify the person or organization that offered to reimburse,	ACLU FOUNDATION of MASSACHUSETS

Address of person or organization.	211 Congress Street, 314F1. Buston, MA 02110
Provide information in as much detail as possible:	Itemization and explanation of amounts offered:
Transportation:	Air, train, bus, and taxi fare and rental car hire, etc.
Meals:	Breakfast, lunch, dinner, special events.
Admission:	Admission, tickets, etc.
Other (please list):	Refreshment) entertainment, etc.
Total:	\$25.00
For the exemption to apply, check off both statements.	Having disclosed the facts above, I determine that:  Acceptance of the reimbursement, waiver or payment of travel expenses will serve a legitimate public purpose i.e., will promote the interests of the Commonwealth, a county or a municipality; AND  Such public purpose outweighs any special non-work related benefit to me or to the person providing the reimbursement, waiver or payment.
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	ALLOWS ME TO DISCUSS POLICY ISSUES.
Employee signature:	Sari-R
Date:	2-27-2012

Attach additional pages if necessary.

Elected state or county employees - file with the State Ethics Commission.

Members of the General Court - file with the House or Senate clerk or the State Ethics Commission.

Elected municipal employee - file with the City Clerk or Town Clerk.