DISCLOSURE BY ELECTED PUBLIC EMPLOYEE OF EXPENSES RELATED TO ATTENDANCE AT AN EVENT SERVING A LEGITIMATE PUBLIC PURPOSE AS REQUIRED BY 930 CMR 5.08(3)(b) TE RECEIVED

	ELECTED PUBLIC EMPLOYEE INFORMATION 2010 THE ETHICS COMMISSION
Name of elected	THE SAME STATE OF THE STATE OF
public employee:	William N. BROWNSBERGER 27 PH 4:06
Title/ Position	
	SENATUR
Office:	
	213A
Office address:	
	State House, Room 213A
	BOSton, MA 02133
0"	80310111111 0233
Office phone:	617-722-1280
Office E-mail:	411 122 1200
Omoo L-man.	William. BriwnsBERGER 2 masenate, gov
	I am filing this disclosure because:
Write an X	My attendance at an event will serve a legitimate public purpose, i.e., it will promote the
to confirm each	interests of the Commonwealth, a county or a municipality; and
statement.	A non-public entity (but not a lobbyist) has offered to pay or waive expenses worth more
	than \$50 related to the event.
December 1	EVENT ATTENDED
Describe the event that you will attend.	Institute of Politics Director's Dinner
Describe your participation in the event.	Guest
Date, time and location	February 27 2012
of event.	February 27,2012
	10:00 Sw
	Harvard Kennedy SCHOOL, Institute of Politics
	EXPENSES RELATED TO INCIDENTAL HOSPITALITY
Identify the person or	CHEST AND THE CH
organization that offered to reimburse, pay or waive expenses.	The Institute of Politics Harvard University

Address of person or organization.	79 John F. Kennedy Street Cambridge, MA 02138
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:	\$39.00
For the exemption to apply, check off both statements.	Having disclosed the facts above, I determine that: X 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:	Stelle_
Date:	2-27-207-

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.