


**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)**

RECEIVED  
STATE ETHICS COMMISSION

<b>ELECTED PUBLIC EMPLOYEE INFORMATION</b>	
Name of elected public employee:	William N. BROWNSBERGER 2012 FEB 27 PM 4:06
Title/ Position	SENATOR
Office:	213A
Office address:	State House, Room 213A BOSTON, MA 02133
Office phone:	617-722-1280
Office E-mail:	William.BROWNSBERGER@masenate.gov
Write an X to confirm each statement.	<p>I am filing this disclosure because:</p> <p><input checked="" type="checkbox"/> 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</p> <p><input type="checkbox"/> A non-public entity (but not a lobbyist) has offered to pay or waive expenses worth more than \$50 related to the event.</p>
<b>EVENT ATTENDED</b>	
Describe the event that you will attend.	National Organization for Women - Massachusetts 2nd Annual I HEART Equal Rights Cocktail Event
Describe your participation in the event.	Guest & Speaker
Date, time and location of event.	February 28, 2012, 6-8pm The Beehive 541 Tremont St. BOSTON
<b>EXPENSES RELATED TO INCIDENTAL HOSPITALITY</b>	
Identify the person or organization that offered to reimburse, pay or waive expenses.	National Organization for Women - Massachusetts

Address of person or organization.	727 Atlantic Ave., 3rd Fl Boston, MA 02111
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. \$3000
Other (please list):	<del>Refreshments, entertainment, etc.</del> <del>\$30.00</del> /
Total:	\$30.00
For the exemption to apply, check off both statements.	<p>Having disclosed the facts above, I determine that:</p> <p><input checked="" type="checkbox"/> 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</p> <p><input checked="" type="checkbox"/> Such public purpose outweighs any special non-work related benefit to me or to the person providing the reimbursement, waiver or payment.</p>
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	ALLOWS ME TO DISCUSS LEGISLATION & POLICY ISSUES.
Employee signature:	
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.