

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
ETHICS COMMISSION
2012 MAR 14 PM 1:21

	ELECTED PUBLIC EMPLOYEE INFORMATION
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@mass.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>
	EVENT ATTENDED
Describe the event that you will attend.	Professional Firefighters of Massachusetts Legislators Night
Describe your participation in the event.	Guest
Date, time and location of event.	March 19, 2012 5:30 Reception, 6:30 pm Dinner FLORIAN Hall - 55 Hallett St. Dorchester, MA
	EXPENSES RELATED TO INCIDENTAL HOSPITALITY
Identify the person or organization that offered to reimburse, pay or waive expenses.	Professional Firefighters of Massachusetts Edward A. Kelly, President

Address of person or organization.	55 Hallet St. Dorchester, MA 02122
Provide information in as much detail as possible:	<i>Itemization and explanation of amounts offered:</i>
Transportation:	Air, train, bus, and taxi fare and rental car hire, etc. /
Meals:	Breakfast, lunch, <u>dinner</u> , special events. \$40.00
Admission:	Admission, tickets, etc. /
Other (please list):	Refreshment, entertainment, etc. ✓
Total:	\$ 40.00
For the exemption to apply, check off <u>both statements</u> .	<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 policy issues.
Employee signature:	<i>[Signature]</i>
Date:	3/14/2012

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.