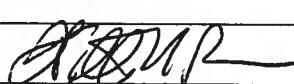


**DISCLOSURE BY ELECTED PUBLIC EMPLOYEE  
OF EXPENSES RELATED TO ATTENDANCE AT AN EVENT, RECEIVED  
SERVING A LEGITIMATE PUBLIC PURPOSE  
AS REQUIRED BY 930 CMR 5.08(3)(b)**

STATE ETHICS COMMISSION  
2013 JAN 22 PM 2:01

ELECTED PUBLIC EMPLOYEE INFORMATION	
Name of elected public employee:	William N. Brownsberger
Title/ Position	SENATOR
Office:	413C
Office address:	State House Room, 413C BOSTON, MA
Office phone:	617-722-1880
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 checked="" 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.	DANCE for A Cure of Prostate Cancer
Describe your participation in the event.	Member of the Honorary Committee & guest
Date, time and location of event.	Sat. February 2, 2013 6:30 The Westin Hotel, 110 Huntington Ave.
EXPENSES RELATED TO INCIDENTAL HOSPITALITY	
Identify the person or organization that offered to reimburse, pay or waive expenses.	AdMeTech Foundation



Address of person or organization.	4 Longfellow Place, Suite 3802 Boston, MA 02114
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, dinner, special events.  /
Admission:	Admission, tickets, etc.  \$ 250
Other (please list):	Refreshment, entertainment, etc.  /
Total:	\$ 250
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.	Further awareness of medical advances in the detection of prostate cancer
Employee signature:	
Date:	1/23/2012

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.

