

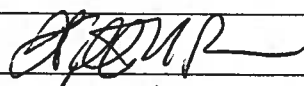
**DISCLOSURE BY ELECTED PUBLIC EMPLOYEE  
OF EXPENSES RELATED TO ATTENDANCE AT AN EVENT  
SERVING A LEGITIMATE PUBLIC PURPOSE  
AS REQUIRED BY 930 CMR 5.08(3)(b)**

RECEIVED  
STATE ETHICS COMMISSION

2013 JAN 22 PM 2:01

	<b>ELECTED PUBLIC EMPLOYEE INFORMATION</b>
Name of elected public employee:	William N. BROWNSBERGER
Title/ Position	SENATOR
Office:	413C
Office address:	State House Room, 413C BOSTON, MA
Office phone:	617-722-1280
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 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>
	<b>EVENT ATTENDED</b>
Describe the event that you will attend.	DANCE for A Cure of Prostrate 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.
	<b>EXPENSES RELATED TO INCIDENTAL HOSPITALITY</b>
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:	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. \$ 250
Other (please list):	Refreshment, entertainment, etc. /
Total:	\$ 250
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.	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.

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