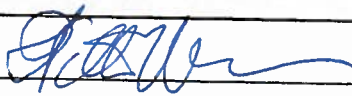


DISCLOSURE BY ELECTED PUBLIC EMPLOYEE
OF EXPENSES RELATED TO ATTENDANCE AT AN EVENT
SERVING A LEGITIMATE PUBLIC PURPOSE
AS REQUIRED BY 930 CMR 5.08(3)(b)

RECEIVED
STATE ETHICS COMMISSION
2014 FEB 26 PM 1:57

ELECTED PUBLIC EMPLOYEE INFORMATION	
Name of elected public employee:	William N. Brownsberger
Title/ Position	Senator
Office:	
Office address:	State House Room 413C Boston, MA 02133
Office phone:	617-722-1280
Office E-mail:	William.Brownsberger@msenate.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 Fire Fighters of Massachusetts Annual Legislators Night
Describe your participation in the event.	Guest
Date, time and location of event.	MARCH 3, 2014 Florian Hall 55 Hallett St. Boston, MA 02124
EXPENSES RELATED TO INCIDENTAL HOSPITALITY	
Identify the person or organization that offered to reimburse, pay or waive expenses.	Professional Fire Fighters of Massachusetts

Address of person or organization.	55 Hallet St Boston, MA 02124
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. \$20
Admission:	Admission, tickets, etc.
Other (please list):	Refreshment, entertainment, etc.
Total:	\$20
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 & legislation.
Employee signature:	
Date:	2-26-2014

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.