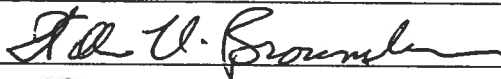


**DISCLOSURE BY ELECTED PUBLIC EMPLOYEE  
OF EXPENSES RELATED TO ATTENDANCE AT AN EVENT  
SERVING A LEGITIMATE PUBLIC PURPOSE  
AS REQUIRED BY 930 CMR 5.08(3)(b)**

RECEIVED  
STATE ETHICS COMMISSION!!  
2015 SEP 23 PM 2:01

|   |   |
|---|---|
| <b>ELECTED PUBLIC EMPLOYEE INFORMATION</b>  |   |
| Name of elected public employee:  | William N. Brownsberger   |
| Title/ Position   | Senator   |
| Office:   |   |
| Office address:   | State House Room 504<br>Boston, MA 02133  |
| Office phone:   | 617-722-1280  |
| Office E-mail:  | William.Brownsberger@massenate.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.  | Esplanade Association<br>Moon Dance Gala  |
| Describe your participation in the event.   | Guest   |
| Date, time and location of event.   | Saturday, September 26, 2015<br>Boston Esplanade<br>6:30 PM   |
| <b>EXPENSES RELATED TO INCIDENTAL HOSPITALITY</b>                                     |   |
| Identify the person or organization that offered to reimburse, pay or waive expenses. | Herbert Nolan<br>Deputy Director<br>The Lawrence & Lillian Solomon Foundation   |

|   |   |
|---|---|
| Address of person or organization.  | 10 Laurel Avenue<br>Suite 200<br>Wellesley, MA 02481  |
| 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.<br>\$1,000 ticket  |
| Other (please list):  | Refreshment, entertainment, etc.  |
| Total:  | \$1,000   |
| 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 policy matters related to conservation and recreation in my district.  |
| Employee signature:   |    |
| Date:   | September 23, 2015  |

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.