


**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  
2017 MAY 16 PM 4:55

	<b>ELECTED PUBLIC EMPLOYEE INFORMATION</b>
Name of elected public employee:	William Brownsberger
Title/ Position	Massachusetts State Senator
Office:	Massachusetts State Senate
Office address:	Massachusetts State House, Room 504 24 Beacon Street Boston, MA 02133
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.	Massachusetts Bicycle Coalition 40 <sup>th</sup> Anniversary Celebration
Describe your participation in the event.	Attending reception
Date, time and location of event.	Date: Tuesday, May 16, 2017 from 5:30 – 9:30 PM Location: John Hancock Financial, 601 Congress Street, Boston, MA 02210
	<b>EXPENSES RELATED TO INCIDENTAL HOSPITALITY</b>
Identify the person or organization that offered to reimburse, pay or waive expenses.	Massachusetts Bicycle Coalition
Address of person or organization.	50 Milk Street, 16 <sup>th</sup> Floor Boston, MA 02109

<b>Provide information in as much detail as possible:</b>	<b>Itemization and explanation of amounts offered:</b>
Transportation:	<i>Air, train, bus, and taxi fare and rental car hire, etc.</i>
Meals:	<i>Breakfast, lunch, dinner, special events.</i>
Admission:	<i>Admission, tickets, etc.</i>  General Admission: \$75
Other (please list):	<i>Refreshment, entertainment, etc.</i>
Total:	\$75
<b>For the exemption to apply, check off both statements.</b>	<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 understand the concerns of bicycle safety advocates
Employee signature:	
Date:	May 16, 2017

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.