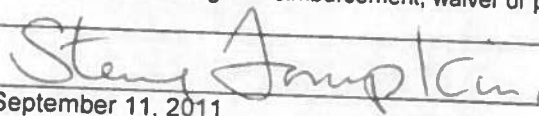


**DISCLOSURE BY ELECTED PUBLIC EMPLOYEE
OF TRAVEL EXPENSES SERVING A LEGITIMATE PUBLIC PURPOSE
AS REQUIRED BY 930 CMR 5.08(2)(d)2.**

ELECTED PUBLIC EMPLOYEE INFORMATION	
Name of elected public employee:	Steven W. Tompkins
Title/ Position	Sheriff
Agency/ Department	Suffolk County Sheriff's Department
Agency address:	20 Bradston Street Boston, MA 02118
Office phone:	617-704-6507
Office e-mail:	stompkins@scsdma.org
Write an X to confirm each statement.	I am filing this disclosure because: ☒ I am going to engage in an activity that serves a legitimate public purpose, i.e., it is intended to promote the interests of the Commonwealth, a county or a municipality; and ☒ A non-public entity (but not a lobbyist) has offered to reimburse, waive or pay travel expenses and costs worth more than \$50.
ACTIVITY THAT SERVES A LEGITIMATE PUBLIC PURPOSE	
Describe the activity which is the reason for traveling.	The Massachusetts Counter-Terrorism Seminar in Israel is an annual intensive training program conducted in cooperation with the Israel National Police. The individuals who are invited to apply for this training are leaders of police departments, correctional systems, medical facilities, regional offices of federal law enforcement, and prosecutors.
Describe your participation in the activity.	I will be receiving training in counter-terrorism strategies and tactics with special focus on persons planning to conduct acts of terrorism, including suicide bombings. I'll also be learning ways to respond to attacks and secure transportation and other systems to prevent and/or minimize casualties in the event of an attack.
Date, time and location of activity.	Training will be conducted in Israel at various sites by the Israel National Police, the Israel Defense Forces, and other members of Israeli intelligence and security services. Training is held from November 8 th to November 17 th .
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	This training is designed to provide law enforcement and other responders with first-hand knowledge of cutting-edge strategies, tactics, and information to help us identify persons who may be planning attacks and prevent them, as well as combat the spread of terrorism, and respond to attacks.

	TRAVEL EXPENSES
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	This training is sponsored by the Massachusetts Anti-Defamation League.
Address of person or organization.	Robert O. Trestan, Regional Director Anti-Defamation League 40 Court Street Boston, MA 02108
Provide information in as much detail as possible:	Itemization and explanation of amounts offered:
Transportation:	<i>Air, train, bus, and taxi fare and rental car hire, etc</i> Airfare to and from Israel and transportation within Israel is provided. Costs for health insurance and travel documents are not included.
Lodging:	<i>Overnight accommodations.</i> Hotel accommodations within Israel during the training period will be provided.
Meals:	<i>Breakfast, lunch, dinner, special events.</i> All meals during the training period will be provided, with the exception of alcoholic beverages, room service, mini-bar service, and other items of a purely personal nature.
Admission:	<i>Registration, admission, tickets, etc.</i> Admission and tickets to entertainment are not provided.
Other (please list):	<i>Refreshment, instruction, materials, entertainment, etc.</i> Gratuities to local guides for services not included in the program are not provided.
Total:	Approx. US\$3,000.00
Write an X beside any relevant statement.	☐ I have attached the relevant itinerary. ☐ I have attached the relevant agenda.
For the exemption to apply, check off <u>both</u> statements.	Having disclosed the facts above, I determine that: ☒ Acceptance of the reimbursement, waiver or payment of travel expenses will serve a legitimate public purpose i.e., it will promote the interests of the Commonwealth, a county or a municipality; AND ☒ Such public purpose outweighs any special non-work related benefit to me or to the person providing the reimbursement, waiver or payment.
Employee signature:	
Date:	September 11, 2011

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.
Elected regional school committee member – file with the clerk or secretary of the committee.