



STEVEN W. TOMPKINS
SHERIFF

Suffolk County Sheriff's Department

Jail
200 Nashua Street
Boston, MA 02114
(617) 635-1100

House of Correction
20 Bradston Street
Boston, MA 02118
(617) 635-1000



RECEIVED
STATE ETHICS COMMISSION
2018 SEP 14 PM 12:14

September 11, 2018

Massachusetts State Ethics Commission
One Ashburton Place
Boston, MA 02108

Re: 930 CMR 5.08(2)(d)(2) Disclosure Form

Dear Madam or Sir:

Enclosed please find my 930 CMR 5.08(2)(d)(2) disclosure for an upcoming seminar.

Very truly yours,

Sheriff Steven Tompkins

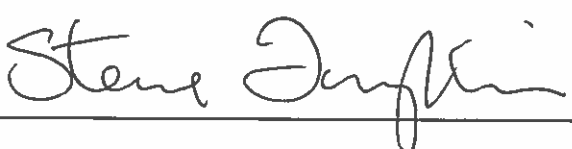
enclosure

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

RECEIVED
STATE ETHICS COMMISSION

2018 SEP 14 PM 12:4

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) 635-6507
Office e-mail:	stompkins@scsdma.org
Write an X to confirm each statement.	<p>I am filing this disclosure because:</p> <p><input checked="" type="checkbox"/> 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</p> <p><input checked="" type="checkbox"/> A non-public entity (but not a lobbyist) has offered to reimburse, waive or pay travel expenses and costs worth more than \$50.</p>
ACTIVITY THAT SERVES A LEGITIMATE PUBLIC PURPOSE	
Describe the activity which is the reason for traveling.	I will be travelling to Washington DC to attend AIPAC's Policy Conference.
Describe your participation in the activity.	The conference will include general sessions and breakout sessions.
Date, time and location of activity.	September 15-17, 2018
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	Members of the Massachusetts Congressional delegation will be attending this conference, and I will have the opportunity to advocate for support of my agency's initiatives on recidivism, addiction, re-entry, and domestic violence.

	TRAVEL EXPENSES
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	American-Israel Public Affairs Committee a 501(c)(3) charitable and educational organization.
Address of person or organization.	251 H Street NW Washington, DC 20001
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> Air travel from Washington D.C. to Boston. \$111.20
Lodging:	<i>Overnight accommodations.</i> Three nights' lodging, estimated at \$300.00 per night, for a total of \$900.00
Meals:	<i>Breakfast, lunch, dinner, special events.</i> Not Applicable
Admission:	<i>Registration, admission, tickets, etc.</i> The \$99.00 registration fee has been waived.
Other (please list):	<i>Refreshment, instruction, materials, entertainment, etc.</i> Not Applicable
Total:	\$1,110.20
Write an X beside any relevant statement.	___ I have attached the relevant itinerary. _x_ I have attached the relevant agenda.
For the exemption to apply, check off both statements.	Having disclosed the facts above, I determine that: _x_ 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 _x_ 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, 2018