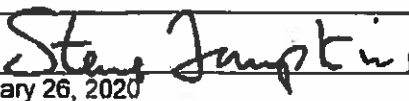


**DISCLOSURE BY ELECTED PUBLIC EMPLOYEE
OF TRAVEL EXPENSES SERVING A LEGITIMATE PUBLIC PURPOSE
AS REQUIRED BY 930 CMR 5.08(2)(d)2.**

	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 , with copy to VThornhill-Hudson@scsdma.org
Write an X to confirm each statement.	<p>I am filing this disclosure because:</p> <p><input 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 speak at this spring's AIPAC Policy Conference. I will also attend the conference.
Describe your participation in the activity.	<p>I will be speaking as part of a panel on expanding the pro-Israel movement across diverse communities.</p> <p>I'll also be attending the conference, which will include general sessions and breakout sessions</p>
Date, time and location of activity.	February 29 – March 3, 2020
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	In addition to my participation in the panel discussion, I will have the opportunity to advocate to members of the Commonwealth's congressional delegation 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:	<i>Itemization and explanation of amounts offered:</i>
Transportation:	<i>Air, train, bus, and taxi fare and rental car hire, etc.</i> \$213.81
Lodging:	<i>Overnight accommodations.</i> \$1,245.00
Meals:	<i>Breakfast, lunch, dinner, special events.</i> Not Applicable
Admission:	<i>Registration, admission, tickets, etc.</i> Not Applicable
Other (please list):	<i>Refreshment, instruction, materials, entertainment, etc.</i> Not Applicable
Total:	\$1,458.81
Write an X beside any relevant statement.	<input type="checkbox"/> I have attached the relevant itinerary. <input checked="" type="checkbox"/> I have attached the relevant agenda.
For the exemption to apply, check off <u>both statements</u> .	Having disclosed the facts above, I determine that: <input checked="" type="checkbox"/> 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 <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.
Employee signature:	
Date:	February 26, 2020

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.

Tuesday Morning General Session
Washington Convention Center, Level 2 - Halls DE

**New England Progressive
Outreach Dinner**
7:00 PM - 9:30 PM
Caroline's | 425 7th Street NW, Washington, DC 20004