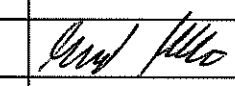
DISCLOSURE BY NON-ELECTED PUBLIC EMPLOYEE
OF TRAVEL EXPENSES SERVING A LEGITIMATE PUBLIC PURPOSE
AS REQUIRED BY 930 CMR 5.08(2)(d)1.

	NON-ELECTED PUBLIC EMPLOYEE INFORMATION
Name of **non-elected** public employee:	Greg Schmidt
Title/ Position	Deputy Legal Counsel
Agency/ Department	Governor's Office
Agency address:	Massachusetts State House, Room 270 Boston, MA 02133
Office phone:	617-725-4005
Office e-mail:	greg.schmidt@mass.gov
Write an X to confirm each statement.	I am filing this disclosure because: _x_ 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 _x_ 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.	I will be attending the National Governor Association's 2025 Governors' Legal Counsel Convening in Coronado, CA.
Describe your participation in the activity.	I will attend and participate in discussions.
Date, time and location of activity.	June 25-27, 2025 Hotel del Coronado 1500 Orange Ave. Coronado, CA 92118
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	At the convening, I will connect and facilitate interstate relationships with senior legal counsel from other state governments across the country, and I will participate in a series of conversations in areas of shared concern including making effective use of executive authority, strengthening the operations of counsel's offices, and ethics and compliance.
	TRAVEL EXPENSES

Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	National Governors Association
Address of person or organization.	444 North Capitol Street, Suite 267 Washington, DC 20001
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.* $714 airfare
Lodging:	*Overnight accommodations.* $1048 (two nights)
Meals:	*Breakfast, lunch, dinner, special events.*
Admission:	*Registration, admission, tickets, etc.*
Other (please list):	*Refreshment, instruction, materials, entertainment, etc.*
Total:	$1,762
Write an X beside any statement that applies.	**____ I have attached the relevant itinerary.** **____ I have attached the relevant agenda.**
Employee signature:	
Date:	6/24/25

Attach additional pages if necessary.

Complete the disclosure and submit it to your appointing authority.

DETERMINATION BY APPOINTING AUTHORITY

	APPOINTING AUTHORITY INFORMATION
Name of Appointing Authority:	Maura Healey (by Chief of Staff Kate Cook)
Agency and Title/Position:	Office of the Governor / Governor
Agency address:	24 Beacon Street Boston, MA 02133
Office phone:	617-725-4005
Employee who filed the disclosure:	Greg Schmidt
	DETERMINATION
To give approval, check <u>both</u> statements.	Upon consideration of the facts disclosed by the employee above, I find 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 the employee or the person providing the reimbursement, waiver or payment.
Reason that the employee's travel or attendance will serve a legitimate public purpose:	As stated in the disclosure.
Appointing Authority signature:	Kate Cook
Date:	6/24/25

Attach additional pages if necessary.

The appointing authority should maintain the disclosure as a public record and give a copy of any signed determination to the employee.