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:	Kristian Hoysradt
Title/ Position	Deputy Chief of Staff
Agency/ Department	Office of the Governor
Agency address:	24 Beacon Street, Boston, MA 02133
Office phone:	617-725-4000
Office e-mail:	Kristian.Hoysradt@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 attend the Democratic Lieutenant Governors Association's winter meeting in Washington, DC, to connect with Lt. Governors and staff from other states and discuss current policy issues.
Describe your participation in the activity.	I will participate in discussion groups and attend networking events to connect with Lt. Governors and state government leaders from other states.
Date, time and location of activity.	November 13, 2025 St. Regis Hotel 923 16th Street NW Washington, DC 20006
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	Participating in the meeting will facilitate connections with leaders of state government, develop collaborative interstate relationships, and provide the opportunity to participate in a series of solution-driven policy conversations.

	TRAVEL EXPENSES
Identify the person or organization that offered to reimburse, waive or pay your travel expenses.	Democratic Lieutenant Governors Association
Address of person or organization.	PO Box 621 Centre Hall, PA 16828
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.*
Lodging:	*Overnight accommodations.*
Meals:	*Breakfast, lunch, dinner, special events.*
Admission:	*Registration, admission, tickets, etc.* $250.00
Other (please list):	*Refreshment, instruction, materials, entertainment, etc.*
Total:	$250.00
Write an X beside any statement that applies.	**____ I have attached the relevant itinerary.** **____ I have attached the relevant agenda.**
Employee signature:	/s/ Kristian Hoysradt
Date:	11/12/2025

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
Agency address:	24 Beacon Street, Boston, MA 02133
Office phone:	(617) 725-4000
Employee who filed the disclosure:	Kristian Hoysradt
	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:	/s/ Kate Cook
Date:	11/12/2025

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.