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.	Traveling to the Democratic Lieutenant Governors Association Chiefs of Staff retreat in Washington, DC to connect with leaders from other states and discuss current policy issues.
Describe your participation in the activity.	Participating in discussion groups and attending networking events to connect with state government leaders from other states.
Date, time and location of activity.	May 14-15, 2025 1333 H Street NW Washington, DC 20005
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	Participating in the meeting facilitates connections with leaders of state government, develops collaborative interstate relationships, and provides 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.* Flights: $574.96
Lodging:	*Overnight accommodations.* Hotel: $1,472.20
Meals:	*Breakfast, lunch, dinner, special events.* $325
Admission:	*Registration, admission, tickets, etc.*
Other (please list):	*Refreshment, instruction, materials, entertainment, etc.*
Total:	$2372.16
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:	5/30/2025

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:	Kate Cook
Date:	5/30/25

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.