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.	2024 DLGA Chiefs of Retreat
Describe your participation in the activity.	I will attend panel discussions and meetings providing an opportunity for Lieutenant Governors' Chiefs of Staff from across the country to convene on current policy issues.
Date, time and location of activity.	June 13-14, 2024; Hilton Washington D.C., 525 NE Jersey Ave., NW, Washington, DC 20001
Please explain how the activity will promote the interests of the Commonwealth, a county or a municipality.	While at the retreat, I will connect and facilitate interstate relationships with senior advisors from other state governments from across the country, and I will participate in a series of conversations on pressing policy concerns.

	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.	1090 VERMONT AVENUE, NW SUITE 750 WASHINGTON, DC 20005
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.* $337.95
Lodging:	*Overnight accommodations.* $693.38
Meals:	*Breakfast, lunch, dinner, special events.*
Admission:	*Registation, admission, tickets, etc.*
Other (please list):	*Refreshment, instruction, materials, entertainment, etc.*
Total:	$1,031.33
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:	June 12, 2024

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 T. Healey (signed 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:	617-725-4000
Employee who filed the disclosure:	Kristian Hoysradt
	DETERMINATION
To give approval, check both 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:	6/17/24

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.