Statement of Financial Interests for 2024



CONTACT INFORMATION	
Last Name:	First Name and Middle initial:
Kassner	Kristin E
Work Phone Number:	Other Phone:
(617) 722-2000	Redacted
Work Email:	Other Email:
Kristin.Kassner@mahouse.gov	Redacted
Primary Residence Address:	
Redacted	
Contact mailling address	
Redacted	
You indicated that you did have a spouse residing in your household durin	g 2024.
You indicated that you did have dependent child(ren) residing in your hous	sehold during 2024.

Candidacy and Public Service

1. If you are a candidate for public office, please indicate the public office you are seeking.

Office

Representative in General Court

2. Identify the position you now hold, or have held, which requires you to file a Statement of Financial Interests and provide the required information for that position. If you held more than one public position which requires you to file, identify each position.

Filer reported none.

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3. Other than the position(s) identified in Question 2, identify every public position you held, and every public agency to which you provided services, at any time during 2024, whether compensated or not, and whether full- or part-time.

Filer reported none.

4. Identify every public position your spouse and/or any dependent child(ren) residing in your household held, and every public agency to which your spouse and/or any dependent child(ren) residing in your household provided services, at any time during 2024, whether compensated or not, and whether full- or part-time.

Filer reported none.

Private Employment and Leaves of Absence

5. Identify every Business for which you worked as an employee, manager, consultant, or independent contractor at any time during 2024, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Business Name	Self-employed	Address	Position	Income
Chrysalis Consulting/K assner Group	☑	27 UNION STREET, South HAMILTON, MA, 01982, US	Independent Contractor	Less than \$1,001

6. Identify any Business from which you were on a leave of absence at any time during 2024, and provide its address.

Filer reported none.

7. Identify every Business for which your spouse and/or any dependent child(ren) residing in your household worked as an employee, manager, consultant, or independent contractor at any time during 2024, whether compensated or not, and whether full- or part-time, and provide the required information for each.

Business Name	Self-employed	Address	Position
Zoom Info	N/A	275 Wyman St, Waltham, MA, 02451, US	Manager

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Business Ownership and Transfers
8. Identify each Business of which you were, in whole or in part, an owner, partner, or proprietor, or in which you owned more than 1% of any class of the outstanding stock or similar ownership interest, at any time during 2024, and provide the required information for each.
Filer reported none.
9. Identify each Business of which your spouse and/or any dependent child(ren) residing in your household was, in whole or in part, an owner, partner, or proprietor, or in which your spouse and/or any dependent child(ren) residing in your household owned more than 1% of any class of the outstanding stock or similar ownership interest, at any time during 2024, and provide the required information for each.
Filer reported none.
10. Identify any stock or similar ownership interest in a Business which you transferred to your spouse and/or any dependent child(ren) residing in your household during 2024, and provide the required information for each. Filer reported none.
Service as an Officer, Director, or Trustee
11. Identify any Business in which you served as an officer, director, or trustee, at any time during 2024, whether compensated or not, and whether full- or part-time, and provide the required information for each.
Filer reported none.
12. Identify any Business in which your spouse and/or any dependent child(ren) residing in your household served as an officer, director, or trustee, at any time during 2024, whether compensated or not, and whether full- or part-time, and provide the required information for each.
Filer reported none.

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<u>NOTE</u>: If the Filer answered "YES" to a Question in the following section, one or more columns in the Table for that Question may be blank in the following situations: If the Filer indicated that the name of the person and/or the trust was a family member's name or address, the Filer was not required to provide that name. If the Filer indicated that an address was a family member's address, the Filer was not required to provide that address.

Real Estate

13. Identify all Real Estate in Massachusetts which you owned directly or through a Business as of December 31, 2024, and which had an assessed value greater than \$1,000, and provide the required information for each Real Estate holding.

Ownership Legend:

Filer = F

Spouse/Child(ren) = S/C

Trust = T

Property Address	Owner	Transferred? Transfer	or Name Transferor A	Assessed Value
Redacted	F, S/C	No		\$100,001 or
				more

14. Other than the Real Estate identified in Question 13, identify all Real Estate in Massachusetts which your spouse and/or any dependent child(ren) residing in your household owned directly or through a Business as of December 31, 2024, and which had an assessed value greater than \$1,000, and provide the required information for each Real Estate holding.

Property Address	Transferred?	Transferor Name	Transferor Address
Redacted	No	智 / 其	
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15. Identify any Trust of which you were a beneficiary, and which owned Real Estate in Massachusetts as of December 31, 2024, with an assessed value greater than \$1,000, and provide the required information for each such Trust and Real Estate holding.

Beneficiary Legend:
Filer = F
Spouse/Child(ren) = S/C
Trust = T

Filer reported none.

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16. Other than the Real Estate identified in Question 15, identify any Trust of which your child(ren) residing in your household was a beneficiary, and which owned Real Estate in 31, 2024, with an assessed value greater than \$1,000, and provide the required informati Estate holding.	Massachusetts as of December
Filer reported none.	
17. Identify any Real Estate in Massachusetts with an assessed value greater than \$1,00 person or entity by you, or by a Trust of which you were a beneficiary, at any time during information for each Real Estate holding.	
	Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T
Filer reported none.	
	31-41
18. Other than the Real Estate identified in Question 17, identify any Real Estate in Mass greater than \$1,000, that was transferred to another person or entity by your spouse and/residing in your household, or by a Trust of which your spouse and/or any dependent chil was a beneficiary, at any time during 2024, and provide the required information for each	or any dependent child(ren) d(ren) residing in your household
	Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T
Filer reported none.	

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19. Identify any Real Estate in Massachusetts with an assessed value greater than \$1,000, on which, as of December 31, 2024, you, or a Trust of which you were a beneficiary, had a lien, attachment, or mortgage receivable, and provide the required information for each. Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T Filer reported none. 20. Other than the Real Estate identified in Question 19, identify any Real Estate in Massachusetts with an assessed value greater than \$1,000, on which, as of December 31, 2024, your spouse and/or any dependent child(ren) residing in your household, or a Trust of which your spouse and/or any dependent child(ren) residing in your household, had a lien, attachment, or mortgage receivable, and provide the required information for each. Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T Filer reported none. NOTE: If the Filer answered "YES" to a Question in the following section, one or more columns in the Table for that Question may be blank in the following situations: If the Filer indicated that the name of the person and/or the trust was a family member's name or address, the Filer was not required to provide that name. If the Filer indicated that an address was a family member's address, the Filer was not required to provide that address. **Financial Investments** 21. Identify every bond or other security issued by the Commonwealth of Massachusetts or its political subdivisions, agencies, and authorities, which you owned directly or through a Business, as of December 31, 2024, and which had a fair market value as of that date greater than \$1,000, and provide the required information for each such investment. Ownership Legend: Filer = F Spouse/Child(ren) = S/C Trust = T

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Filer reported none.

22. Other than the bonds or other securities identified in Question 21, identify every bond or other Commonwealth of Massachusetts or its political subdivisions, agencies, and authorities, which you dependent child(ren) residing in your household owned directly or through a Business, as of Dechad a fair market value as of that date greater than \$1,000, and provide the required information	our spouse and/or any cember 31, 2024, and which
Filer reported none.	
23. Identify every bond or other security issued by the Commonwealth of Massachusetts or its possible agencies, and authorities, which was owned as of December 31, 2024, by a Trust of which you will directly or through a Business, and which had a fair market value as of that date greater than \$1, required information for each such investment.	vere a beneficiary, whether
	Beneficiary Legend: Filer = F Spouse/Child(ren) = S/C Trust = T
Filer reported none.	
24. Identify every bond or other security issued by the Commonwealth of Massachusetts or its poragencies, and authorities, which was owned as of December 31, 2024, by a Trust of which your dependent child(ren) residing in your household was a beneficiary, whether directly or through a fair market value as of that date greater than \$1,000, and provide the required information for ea	spouse and/or any Business, and which had a
	الح
Filer reported none.	
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25. Identify every Financial Investment that you owned directly or through a Business as of Dece had a fair market value as of that date greater than \$1,000, and provide the required information	
Filer reported none.	

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and/or and w Financ	her than the Financial Investments identified in Question 25, identify every Financial Investment that your spouse any dependent child(ren) residing in your household owned directly or through a Business as of December 31, 2024, hich had a fair market value as of that date greater than \$1,000, and provide the required information for each. For any cial Investment not included on the drop-down list of publicly traded stock, you must provide the issuer's principal of business or state of incorporation as well as its address.
	Filer reported none.
benefi each.	entify every Financial Investment that was owned as of December 31, 2024, by a Trust of which you were a ciary, and which had a fair market value as of that date greater than \$1,000, and provide the required information for For any Financial Investment not included on the drop-down list of publicly traded stock, you must provide the 's principal place of business or state of incorporation as well as its address.
	Beneficiary Legend: Filer = F Spouse/Child(ren) = S/C Trust = T
	Filer reported none.
Decer benefi each.	her than the Financial Investments identified in Question 27, identify every Financial Investment that was owned as of other 31, 2024, by a Trust of which your spouse and/or any dependent child(ren) residing in your household was a ciary, and which had a fair market value as of that date greater than \$1,000, and provide the required information for For any Financial Investment not included on the drop-down list of publicly traded stock, you must provide the sprincipal place of business or state of incorporation as well as its address.
	Filer reported none.

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<u>NOTE</u>: If the Filer answered "YES" to a Question in the following section, one or more columns in the Table for that Question may be blank in the following situations: If the Filer indicated that the name of the person and/or the trust was a family member's name or address, the Filer was not required to provide that name. If the Filer indicated that an address was a family member's address, the Filer was not required to provide that address.

Debts and Mortgages

29. Identify all mortgages, including home equity and reverse mortgage loans, on your Primary Residence, on which more than \$1,000 was owed as of December 31, 2024, where the creditor (person who loaned you the money) is <u>not</u>, by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required information for each.

Creditor Name	Creditor Address	Mortgage Term	Interest Rate (%)	Termination Year
MassHousing	One Beacon Street, Boston, MA, 02108, US	30	3.5	2033

30. Did you have a mortgage, including a home equity or reverse mortgage loan, on any property <u>OTHER</u> than your Primary Residence, on which more than \$1,000 was owed as of December 31, 2024, which you were obligated to pay and where the creditor (person who loaned you the money) is <u>NOT</u>, by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative?

Obligor Legend:
Filer = F
Spouse/Child(ren) = S/C
Trust = T

Filer reported none.

31. Identify all mortgages, including home equity and reverse mortgage loans, other than any mortgage on your Primary Residence or any mortgage identified in response to Question 30, on which more than \$1,000 was owed as of December 31, 2024, and which your spouse and/or any dependent child(ren) residing in your household were obligated to pay and where the creditor (person who loaned the money to your spouse and/or dependent child(ren) residing in your household) is not, by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required information for each.

Filer reported none.

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32. Identify all non-mortgage debts of more than \$1,000 that you owed as of December 31, 2024, IF the person to whom you owed the debt is <u>not</u> , by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required information for each.
Filer reported none.
33. Identify all non-mortgage debts of more than \$1,000 that your spouse and/or any dependent child(ren) residing in your household owed as of December 31, 2024, if the person to whom your spouse and/or any dependent child(ren) residing in your household owed the debt is not, by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required information for each.
Filer reported none.
34. Identify non-mortgage debts of more than \$1,000 which you owed and which were forgiven at any time during 2024, excluding debts forgiven by a person who is, by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required information for each.
Filer reported none.
35. Identify non-mortgage debts of more than \$1,000 that were owed by your spouse and/or any dependent child(ren) residing in your household and were forgiven at any time during 2024, excluding debts forgiven by a person who is, by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required information for each.
Filer reported none.

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Reimbursments, Gitts, and Honoraria
36. Identify any Reimbursements for expenses in excess of \$100 provided to you at any time during 2024 by any legislative agent or executive agent (lobbyist).
Filer reported none.
36.a Identify any Reimbursements for expenses in excess of \$100, other than those identified in response to Question 36, you received at any time during 2024 from any person having a direct interest in legislation, legislative action, or a matter before a governmental body.
Filer reported none.
37. Identify any Reimbursements for expenses in excess of \$100 provided to your spouse and/or any dependent child(ren) residing in your household at any time during 2024 by any legislative agent or executive agent (lobbyist).
Filer reported none.
37.a Identify any Reimbursements for expenses in excess of \$100, other than those identified in response to Question 37, provided to your spouse and/or dependent child(ren) residing in your household at any time during 2024 by any person having a direct interest in legislation, legislative action, or a matter before a governmental body.
Filer reported none.
38. Identify any Gifts and/or Honoraria worth more than \$100 provided to you at any time during 2024 by any person having a direct interest in legislation, legislative action, or a matter before a governmental body.
Filer reported none.

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39. Identify any Gifts and/or Honoraria worth more than \$100 provided to your spouse and/or any dependent child(ren) residing in your household at any time during 2024 by any person having a direct interest in legislation, legislative action, or a matter before a governmental body.

Filer reported none.

NOTE: If the Filer answered "YES" to a Question in the following section, one or more columns in the Table for that Question may be blank in the following situations: If the Filer indicated that the name of the person and/or the trust was a family member's name or address, the Filer was not required to provide that name. If the Filer indicated that an address was a family member's address, the Filer was not required to provide that address.

Blind Trusts

40. Did you, your spouse and/or any dependent child(ren) residing in your household during 2024, own anything that you have not reported on this Statement of Financial Interests because it was held in a Blind Trust during 2024?

Filer reported none.



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I, Kristin E Kassner, certify under the pains and penalties of perjury that:

I made a diligent effort to obtain the required information concerning myself and my spouse and/or any dependent child(ren); and

The information provided on this form is true and complete, to the best of my knowledge.

Submitted: 05/27/2025

Did your spouse and/or any dependent child(ren) residing in your household decline to disclose information which is necessary to complete this form fully and accurately?

The following are the specific Question(s) which I decline to answer in whole or in part because I assert that the information is privileged by law:

Please explain the basis of your claim of privilege:

IMPORTANT:

- 1. No DESIGNATED PUBLIC EMPLOYEE shall be allowed to continue in their duties or to receive compensation from public funds unless they have filed a Statement of Financial Interests with the State Ethics Commission.
- 2. The State Ethics Commission does not accept a faxed or emailed copy of a Statement of Financial Interests for filing.
- 3. If you were required to amend your Statement of Financial Interests last year, we encourage you to carefully review your 2024 filling before submitting.

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