

State Elected Official Financial Disclosure Form

Name of Official: Eric Barlow

Office Held: Senator

Senate District (if applicable): 23

House District (if applicable): _____

Business Address: _____

Business City, State and Zip: _____

Business Phone: (____) _____

Home Address: 1625A Buffalo Cutacross Rd.

Home City, State and Zip: Gillette, WY 82718

Home Phone: (307) 682 9639

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By Wyoming Secretary of State at 2:37 pm, Jan 27, 2025

I. Offices, Directorships and Employment

(Please use additional sheets as necessary.)

- a) List the *offices* held in business enterprises. This includes partnerships.

Office Held	Name and Address of Enterprise
Partner	Gourmet Lamb of Wyoming, LLC
	Holding Water Resources, LLC
	Home address above

- b) List any *directorship positions* held in business enterprises.

Name of Enterprise	Address of Enterprise
NA	

- c) Salaried Employment

Job Title	Name and Address of Enterprise
Wyoming Legislature	Cheyenne, WY

II. Sources of Income

(Please use additional sheets as necessary.)

a) Employment

Name of Employer

Address of Employer

Self

Gillette, WY

Wyoming Legislature

Cheyenne, WY

- b) Business Interests - list the names and addresses of all business entities in which you have a business interest (W.S. 9-13-108 (c) states: "Name and address of all business entities but excluding interests if less than ten percent (10%) of the entity is owned, or sole proprietorship from which income is earned. . . .")

Name of Business Entity

Address of Business Entity

Same as la.

Home address above

c) Investments

Income Earned

A. Any security or interest earnings

X Yes No

B. Real estate, leases, royalties

X Yes No

d) Other (describe generally):

III. Contracts

(Please use additional sheets as necessary.)

- a) List all state entities you, or your business enterprise in which you own ten percent (10%) or more interest, has a contract with for services and supplies in an amount greater than five thousand dollars (\$5,000.00).

Name of Enterprise

Address of Enterprise

NA

Name of State Entity

Address of State Entity

NA

- b) Please provide the following information for the contract:

Type: _____

Description: _____

Effective Date: _____

Term of Contract: _____

On this 27 day of January, 2025, I affirm that the preceding information is accurate.



Signature