State Elected Official Financial Disclosure Form

Name of Official:	John W. Bear	
Office Held:	Representative	
	Senate District (if applicable):	
	House District (if applicable): 31	
Business Address:	409 Mills Are	
Business City, State	and Zip: Gillette, WY 82718	
Business Phone:	(307)670-1130	
Home Address:	409 Mills Are	
Home City, State and	Izip: Gillelle, WY 82718	
Home Phone:	(304) 670-1130	Received JAN - 2 2025 Secretary of State Whoming
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		Received S
		M JAN - 2 2025 4
Mary January 1989		Secretary of Class

I. Offices, Directorships and Employment

(Please use additional sheets as necessary.)

Office Held	his includes partnerships. Name and Address of Enterprise
Owner	Notinelly Clear LL
Owne	Noturally Clean LL 409 mills Are Gillette, WY 82718
	404 MITTE ALLE
	Gillette, WY 82718
List any directorship positions held in busine	es enterprises
Name of Enterprise	Address of Enterprise
Salaried Employment Job Title	Name and Address of Enterprise

II. Sources of Income

(Please use additional sheets as necessary.)

	Employment Name of Employer	Address of Employer		
))	Business Interests - list the names and addresses of all business entities in which you have business interest (W.S. 9-13-108 (c) states: "Name and address of all business entities be excluding interests if less than ten percent (10%) of the entity is owned, or sole proprietorship frowhich income is earned")			
	Name of Business Entity	Address of Business Entity		
	Naturally Clean, LC	409 mills Ave, Gillette, wr		
		82718		
	Investments	Income Earned		
	A. Any security or interest earnings	Yes _X _No		
	B. Real estate, leases, royalties			
	Other (describe generally): Bear's No.	tually Clan rents from		
	Naturally Clean LLC			

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
Name of State Entity	Address of State Entity
Please provide the following informs Type: Description:	
Effective Date:	
his day of omegation is accurate.	25 I affirm that the preceding Signature