State Elected Officials Financial Disclosure W.S. 9-13-101 through 109

This form can be accessed on the Secretary of State's Website at: http://soswy.state.wy.us/Forms/Ethics/ElectedOfficialsEthicsDisclosureForm.pdf

In accordance with W.S. 9-13-101 - 109, each of the state's five elected officials and each member of the Wyoming legislature shall file a financial disclosure form with the Secretary of State. This includes elected officials and legislators who have not sought re-election or were unsuccessful while seeking re-election but have served in an elected position during the previous filing period.

The financial disclosure form shall contain information current as of January 15th of each year.

As prescribed in W.S. 9-13-108(b), forms may be submitted by e-mail to: elections@wyo.gov.

Anyone violating the provisions of the Government Ethics Act is guilty of a misdemeanor punishable upon conviction by a fine of not more than one thousand dollars (\$1,000.00). W.S. 9-13-109(a).

Violation of any provision of the Government Ethics Act constitutes sufficient cause for termination of a public employee's employment or for removal of a public official or public member from his office or position. W.S. 9-13-109(b).

| FILING DEADLINE: | January 31st of each year |
|------------------|-------------------------------------|
| FILING OFFICE: | Wyoming Secretary of State's Office |
| | Herschler Building East |
| | Suite 100 and 101 |
| | 122 West 25th Street Cheyenne, WY |
| | 82002-0020 |
| | |

E-mail: <u>elections@wyo.gov</u>

RECEIVED

By Wyoming Secretary of State at 1:27 pm, Jan 17, 2025

4/2021

| lame of Official: | Dire | an Boner | |
|----------------------|----------|-----------------------------|--|
| Office Held: | Sta | te Senate | |
| | Senate | e District (if applicable): | |
| | | District (if applicable): | |
| | | | |
| Business Address: | | PO Box 1308 | |
| Business City, State | and Zip: | Douglas, WY 82633 | |
| Business Phone: | 1 | 307 359-0707 | |
| | | | |
| | | | |
| Home Address: | | 9 Sierra | |
| Iome City, State an | d Zip: | Douglas, WY 82633 | |
| Home Phone: | | 307 359-0707 | |
| | | | |

| I. (| Offices, | Directorships | and | Emp | loyment |
|------|----------|---------------|-----|-----|---------|
|------|----------|---------------|-----|-----|---------|

(Please use additional sheets as necessary.)

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

Office Held

Limited Partner

Limited Partner

Name and Address of Enterprise

Boner Brothers LLP

PO Box 872

Douglas, WY 82633

Boner Minerals

PO Box 872

Douglas, WY 82633

b) List any *directorship positions* held in business enterprises. Name of Enterprise Address

Lightning Creek Enterprises, LLC

Address of Enterprise

9 Sierra

Douglas, WY 82633

c) Salaried Employment Job Title Limited Partner

Name and Address of Enterprise Platte Valley Livestock

PO Box 872

Douglas, WY 82633

| | | rces of Income tional sheets as necessary.) | |
|----|--|--|--|
| a) | Employment Name of Employer Platte Valley Livestock | Address of Employer PO Box 872 Douglas, WY 82633 | |
| b) | business interest (W.S. 9-13-108 (c) st | d addresses of all business entities in which you have a states: "Name and address of all business entities but nt (10%) of the entity is owned, or sole proprietorship from | |
| | Name of Business Entity | Address of Business Entity | |
| | Lightning Creek Enterprises | 9 Sierra | |
| c) | Investments A. Any security or interest earnings B. Real estate, leases, royalties | Douglas, WY 82633 Income Earned s X Yes No X Yes No | |
| d) | Other (describe generally): | | |
| | | 3 | |
| | | 2 | |

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).

| | ise | Address of Enterprise |
|--------------------|----------------------------|-------------------------|
| N/A | | |
| | | |
| | | |
| Name of State En | tity | Address of State Entity |
| N/A | | |
| | | |
| | | |
| Please provide the | e following information fo | r the contract: |
| Туре: | | |
| | | |
| Description: | | |
| | | |
| Effective Date: | | |
| Effective Date: _ | | |