Office Held: Representative-Elect Senate District (if applicable):	Stat	e Elected Official Financial Disclosure Form
Senate District (if applicable): House District (if applicable): Business Address: Business City, State and Zip: Business Phone: 1930 E Teton Blvd Home Address: Home City, State and Zip: Home Phone: 1930 B Teton Blvd Business Phone:	Name of Official:	Marlene Brady
House District (if applicable): 60 Business Address:	Office Held:	Representative-Elect
Business City, State and Zip: Business Phone: Home Address: Home City, State and Zip: Home Phone: Home Phone Phone: Home Phone Phone: Home Phone: Home Ph		
Home Address:1930 E Teton BlvdHome City, State and Zip:Green River, WY 82935Home Phone:307 871-4583		
Home Address: Home City, State and Zip: Home Phone: Home Phon	Business Phone:	()
Home Phone: 307,871-4583 Home Phone: Beceived Heceived Heceived Heceived	Home Address:	
Find PM 123356 Freeived	Home City, State an	d Zip: Green River, WY 82935
Secretary of State Wyoming	Home Phone:	Received JAN 21 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

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

c) Salaried Employment Job Title

Name and Address of Enterprise

		ces of Income onal sheets as necessary.)
a)	Employment Name of Employer	Address of Employer
b)		addresses of all business entities in which you have a ates: "Name and address of all business entities but
		(10%) of the entity is owned, or sole proprietorship from
	Name of Business Entity	Address of Business Entity
	Brady's Auto Body Shop	101 South Center, GreenRiver, WY
c)	Investments	Income Earned
	A. Any security or interest earnings	Yes No
	B. Real estate, leases, royalties	Yes No
d)	Other (describe generally): Saving	s Account
		3

III. Contracts

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(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
N/A	
Name of State Entity	Address of State Entity
N/A	
Please provide the following information	ation for the contract:
Type: N/A	
Type: N/A	
Type: <u>N/A</u> Description:	
Type: <u>N/A</u> Description:	
Type: N/A Description:	
Type: N/A Description: Effective Date: Term of Contract: this 15 day of Janua	ary 2025 Laffirm that the preceding
Type: N/A Description: Effective Date: Term of Contract:	