

State Elected Official Financial Disclosure Form

Name of Official: Kenneth L Clouston

Office Held: Representative

Senate District (if applicable): _____

House District (if applicable): 32

Business Address: 3830 Overdale Drive

Business City, State and Zip: Gillette, WY 82718

Business Phone: (307) 682-4900

Home Address: 3830 Overdale Drive

Home City, State and Zip: Gillette, WY 82718

Home Phone: (307) 682-4900

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By Wyoming Secretary of State at 8:38 am, Jan 29, 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
President	Gillette Physical Therapy, P.C. 1013 E Boxelder Rd Gillette, WY 82718
Partner	GPT Properties 1013E Boxelder Rd Gillette, WY 82718

- 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
Clinical Director	Healthcare Clinical Employee Services, P.C. 2600 Dallas Parkway Ste 290 Frisco, TX 75034

II. Sources of Income

(Please use additional sheets as necessary.)

a) Employment

Name of Employer

Address of Employer

- 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

see attached sheet

c) Investments

Income Earned

A. Any security or interest earnings

☒ Yes ☐ No

B. Real estate, leases, royalties

☒ Yes ☐ No

d) Other (describe generally):

Investments with Pinnacle Bank, First Interstate Bank, and JP Morgan

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

See attachment

Name of State Entity

Address of State Entity

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

Type: See attachment

Description: _____

Effective Date: _____

Term of Contract: _____

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



Signature

State Elected Official Financial Disclosurr

Kenneth L Clouston

HD 32

Other Partnerships

Partner MACH II, LLC
3830 Overdale Drive
Gillette, WY 82718

Partner Wyoming Rehabilitation Partners, LLC
2035 Corte Del Nogal
Suite 200
Carlsbad, CA 92011

Business Interests

Partner MACH II, LLC
3830 Overdale Drive
Gillette, WY 82718

Partner Wyoming Rehabilitation Partners, LLC
2035 Corte Del Nogal
Suite 200
Carlsbad, CA 92011

Partner GPT Properties, LLC
1013 East Boxelder Road
Gillette, WY 82718

Contracts

Campbell County School District 1000 West 8th Street
PO Box 3033
Gillette, WY 82717-3033

Provide contracted Athletic Training Services for the School District
Provide pre-employment and return to work screens for School District
Contract effective date August 1, 2023 to May 31, 2024

Gillette College 300 West Sinclair
Gillette, WY 82718

Provide contracted Athletic Training Services for the College
Contract effective date August 1, 2023 to May 31, 2024

updated
8-1-24 to 5-31-25
KC 1-27-25

9 8-1-24 to 5-31-25
KC 1-27-25